Alabama Medicaid Agency
Medicaid

PEC Records

Please print and fill out this form completely.

MAIL this form along with the PEC records to:

PEC Records
HP Enterprise Services
P.O. BOX 244032
MONTGOMERY, Alabama 36124–4032

Recipient Medicaid ID (13-digit number)	
Medicaid Provider ID	

Provider Name	
Provider Mailing Address City, State, Zip	
Provider Contact Telephone Number	

For Internal Use Only – Do not enter data in the gray shaded area.

HP Receipt Date:	

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