



301 Technacenter Drive
Montgomery, AL 36117
OR
P O Box 241685
Montgomery, AL 36124

Out-of-State ASC and Hospital Update Form

ASC/Hospital Name: _____

Address: _____

City/State/ZIP: _____

Attention: _____

NPI Number: _____

In order to update the enrollment status of the above-mentioned Out-of-State ASC or Hospital to a current status, please complete the items listed below and return this request to HP.

Tax Identification Number: _____

Tax Identification Name: _____

Is your facility certified by your state to participate in the Medicaid program? YES ___ NO ___

Certification effective date: _____

Is your facility certified by your state to participate in the Medicare program? YES ___ NO ___

Certification effective date: _____

Beginning date of the services provided to the Alabama Medicaid Recipient: _____

NOTE: The facility's contract will expire six months after the date of service indicated.

I certify that, to the best of my knowledge, the information supplied in this request is accurate, complete and is hereby released to HP for the purpose of updating the facility's enrollment status in the Alabama Medicaid program.

Administrator's Signature
(Must be hand written; Black ink required.)

Signature Date

If you have any questions concerning this form, please feel free to contact Provider Enrollment at 1-888-223-3630.

Telephone: (888) 223-3630
Admin FAX: (334) 215-4271
Provider FAX: (334) 215-4298