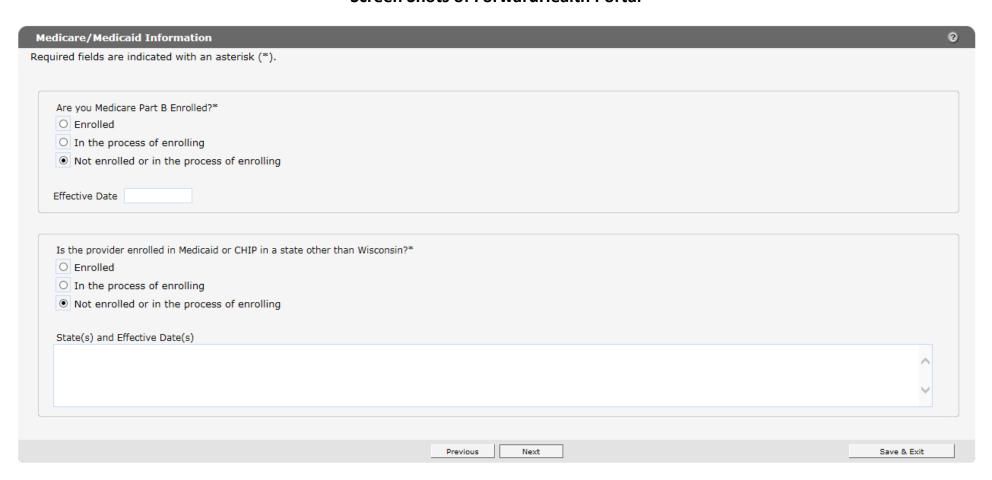
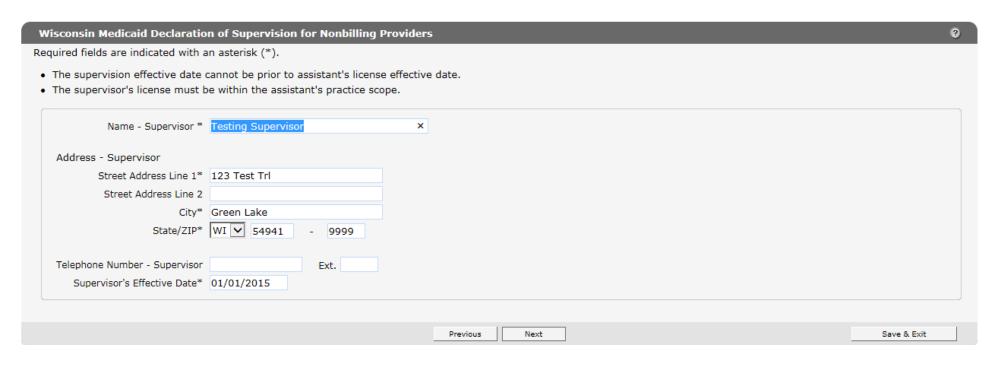


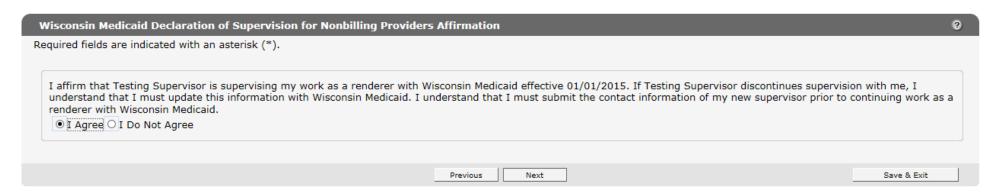
FYI, the Enrollment Criteria link just takes you back to the Provider Enrollment Information page.

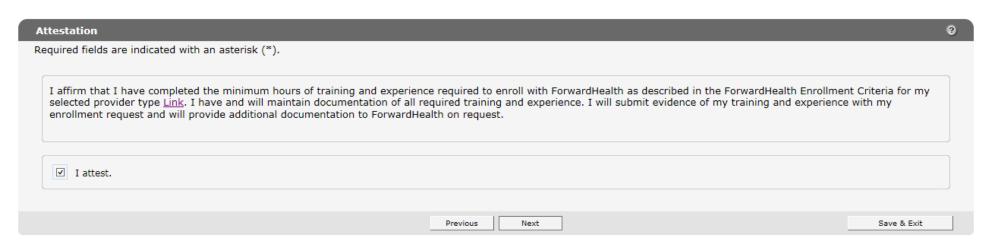


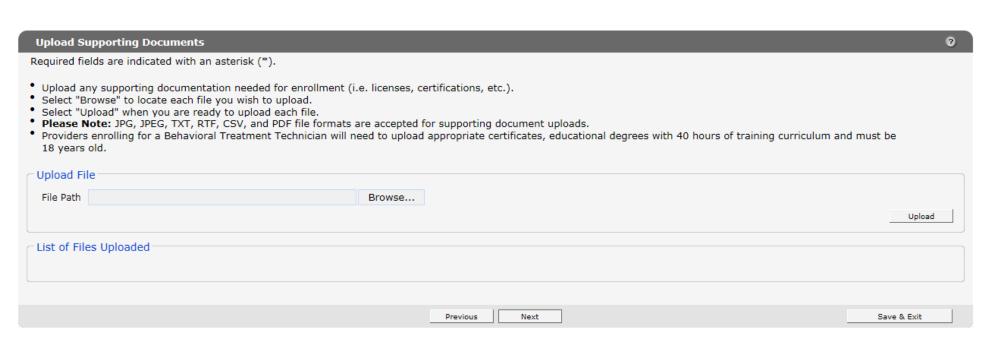
FYI, you can just select "Next" to move on without adding info. (Paraprofessionals)











### Summary



- The enrollment request has been completed and is ready to submit. If any changes need to be made, please make them now by using this web site's navigation links and command buttons (not the browser's navigation buttons).
- IMPORTANT NOTICE: In receiving this enrollment from and granting Medicaid enrollment to the individual or other entity named as "Provider Applicant," Wisconsin Medicaid relies on the truth of all the following statements:
  - 1. "Provider Applicant" submitted this application or authorized or otherwise caused it to be submitted.
  - 2. All information entered on this application is accurate and complete, and that if any of that information changes after this application is submitted the "Provider Applicant" will timely notify Wisconsin Medicaid of any such changes.
  - 3. By submitting this application or causing or authorizing it to be submitted, the "Provider Applicant" agrees to abide by all statutes, rules, and policies governing Wisconsin Medicaid.
  - 4. "Provider Applicant" knows and understands the enrollment requirements included in the application materials for the applicable provider types.

If any of the forgoing statements are not true, Wisconsin Medicaid may terminate Provider Applicant's enrollment or take other action authorized under ch.HFS106. Wis. Admin. Code or other legal authority governing Wisconsin Medicaid.

- . Once you submit the enrollment request, you will be given a tracking number.
- · After you submit the enrollment request, you must print and/or save the enrollment record.
- . Select "Submit" to submit the enrollment request.

Previous

Submit

### **Print Enrollment Documents**



Required fields are indicated with an asterisk (\*).

Before receiving your tracking number you must print or save the enrollment documents. The enrollment documents include the Enrollment Request Report, Provider Agreement and any other documents completed during the online enrollment process. These documents should be retained as record of the applicant's enrollment data submitted to Wisconsin Medicaid.

Print or save the enrollment documents.

After confirming you have printed or saved your document, select Next to complete the enrollment process.

☑ I have printed or saved all enrollment documents

Next



Instructions » Type of Applicant » Employed At Clinic » Type of Enrollment

Provider Type » Provider Specialty » Border Status » Individual Name

Practice Location » Mailing Address » Prior Authorization Address » Additional Information

Medicare/Medicaid Information » Criminal Conviction/Termination Disclosures » Owner-Controlling Interest in Other Health Care Providers » Managing Employee

Group Member » Subcontractors and Owner Relationships to Subcontractors » Wisconsin Medicaid Declaration of Supervision for Nonbilling Providers » Wisconsin Medicaid Declaration of Supervision for Nonbilling Providers Affirmation

Attestation » Upload Supporting Documents » Summary » Print Enrollment Documents

**Enrollment Application Submitted** 

# Your Provider Application Request has been submitted. Application Tracking Number (ATN) • Your tracking number is 16985 What Needs to be Done Next? • Save a copy of the application for your records only. Do not send this application to Wisconsin Medicaid. Notification of Enrollment Decision • Within 60 days after Wisconsin Medicaid receives your completed application, you will be notified of the status of your enrollment. If Wisconsin Medicaid needs to verify your licensure or credentials, it may take longer. You will be notified as soon as Wisconsin Medicaid completes the verification process. If you are enrolled to provide Medicaid services, you will receive written notice of your approval.

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