

## Job Aid

## Provider Enrollment Application Needing Signatures of An Authorized Person

This document provides steps to submit a signed application if the application is **not** being filed by an authorized person or the provider.

Follow these steps if you are filling out the provider enrollment application on behalf of a provider but you are not the authorized person to sign the application. These steps begin at the disclosure page, but the application has been completed up to this point.

## Review the steps to submit a signed application:

Description				
Fill out each area that requires signatures with the name of the provider or authorized person to sign, along with their title and the date.				
End of the Disclosure Page				
Home > Disclosure Friday 05/05/2023 01:39 PM				
Provider Name     LARRY HOOVER     Role IDs     1528245438 (NP1)       Location     200001897 - LARRY HOOVER     Taxonomy     314000000X-Skilled Nursing Facility       Eligible Programs and CCO Affiliations     Mississippi Medicaid				
Provider Enrollment: Disclosure           Welcome         Instructions for Mississippi Medicaid Provider Disclosure Form				
NOTE: If the disclosing provider is <u>an individual or a sole proprietor</u> , the application must be signed by the individual provider or sole proprietor. If the disclosing provider is <u>a group/organization</u> , the signature should be that of the person legally authorized t sign on behalf of the group/organization.				
sole proprietor. If the disclosing provider is <u>a group/organization</u> , the signature should be that of the person legally authorized				
sole proprietor. If the disclosing provider is <u>a group/organization</u> , the signature should be that of the person legally authorized sign on behalf of the group/organization.  *I accept  I have read and agree to the terms stated above  *Your Signature Jane Doe Title Director				
sole proprietor. If the disclosing provider is <u>a group/organization</u> , the signature should be that of the person legally authorized is sign on behalf of the group/organization.  *I accept I have read and agree to the terms stated above  *Your Signature Jane Doe Title Director Date 04/14/2023  Continue Finish Later Cancel  End of the Facility Attestation/Authorization and Release Page 15. By signing below, I attest that I am the duly authorized representative of the Facility and have the proper authorization to execute this				
sole proprietor. If the disclosing provider is <u>a group/organization</u> , the signature should be that of the person legally authorized is sign on behalf of the group/organization. *I accept I have read and agree to the terms stated above *Your Signature Jane Doe Title Director Date 04/14/2023 End of the Facility Attestation/Authorization and Release Page 15. By signing below, I attest that I am the duly authorized representative of the Facility and have the proper authorization to execute this attestation with the intent to fully bind Facility to the truthfulness of its answers. I attest that all the information on this entire application				



Steps	Description					
	End of the Agreement Page, the final section that requires a signature					
	You will be submitting the Provider Enrollment application electronically. Therefore, your signature on this application will be electronic. By submitting this application electronically, you acknowledge that you understand that your electronic signature is binding to the same extent as your written signature.					
	*I accept 🗹 I understand that my electronic signature is equivalent to written signature.					
	*Your Signature JANE DOE					
	(Entering your name in the box to the right will constitute your electronic signature.)					
	Title Director					
	Submission Date 04/14/2023					
	Submit Finish Later Cancel					
2	Select Submit					
2	The application isn't being submitted by selecting <b>Submit.</b> This option provides an additional option before submitting the application. While on the <b>Summary page</b> , select <b>Print Preview</b> in the top right-hand corner of the page.					
	Home > Enrollment Summary Friday 05/05/2023 01:42 PM CST					
	Provider Name     LARRY HOOVER     Role IDs     1528245438 (NPI)       Location     200001897 - LARRY HOOVER     Taxonomy     314000000X-Skilled Nursing Facility       Eligible Programs and CCO Affiliations     Mississippi Medicaid      314000000X-Skilled Nursing Facility					
	Print Preview					
	Provider Enrollment: Summary					
	*A separate page will populate.					
3	Select the blue <b>Print icon</b> in the top right-hand corner.					
Once this is selected, the option to <b>print</b> or <b>save t</b> he application is provided.						
	Print					
	Provider Enrollment: Summary					
	Request Information					
	Initial Enrollment Information					
4	From here you can <b>Print</b> the application on a physical printer to obtain the physical signatures or <b>Save</b> the document as a PDF to obtain the electronic signatures. Once the signatures are obtained, save the document with the signatures as a PDF. <i>All attached documents must be PDFs.</i>					
	*The application can be submitted with <b>electronic</b> or <b>physical signatures</b> but the physical signaure must be signed in <b>black ink</b> .					



		Job Aid Provider Enrollmet Application Needing Signatures				
Steps	Description					
	Print ? Total: 14 pages					
	Printer					
	Save as PDF 🗸 🗸					
	Layout					
	After you <b>Save or Print t</b> he application, select the <b>X</b> in the right-hand corner to close out the page.					
Scroll to the end of the application, and select <b>Finish Later</b> to save be obtained.		ter to save the application since signatures need to				
	You are then auto directed to the <b>Home Page</b> . Once the <b>Recredentialing/Revalidatin link</b> , <b>add the PDF docum</b> select <b>Submit</b> when you are ready to submit the comple	nent with the signatures as an attachment, and				



## Change History

The following change history log contains a record of changes made to this document:

Version #	Published/ Revised	Author	Section/Nature of Change
0.1	05/16/2023	Gainwell	Initial publication
0.2	05/24/2023	Gainwell	Updated per SME review
0.3	06/01/2023	Gainwell	Updated per Technical Writer Review