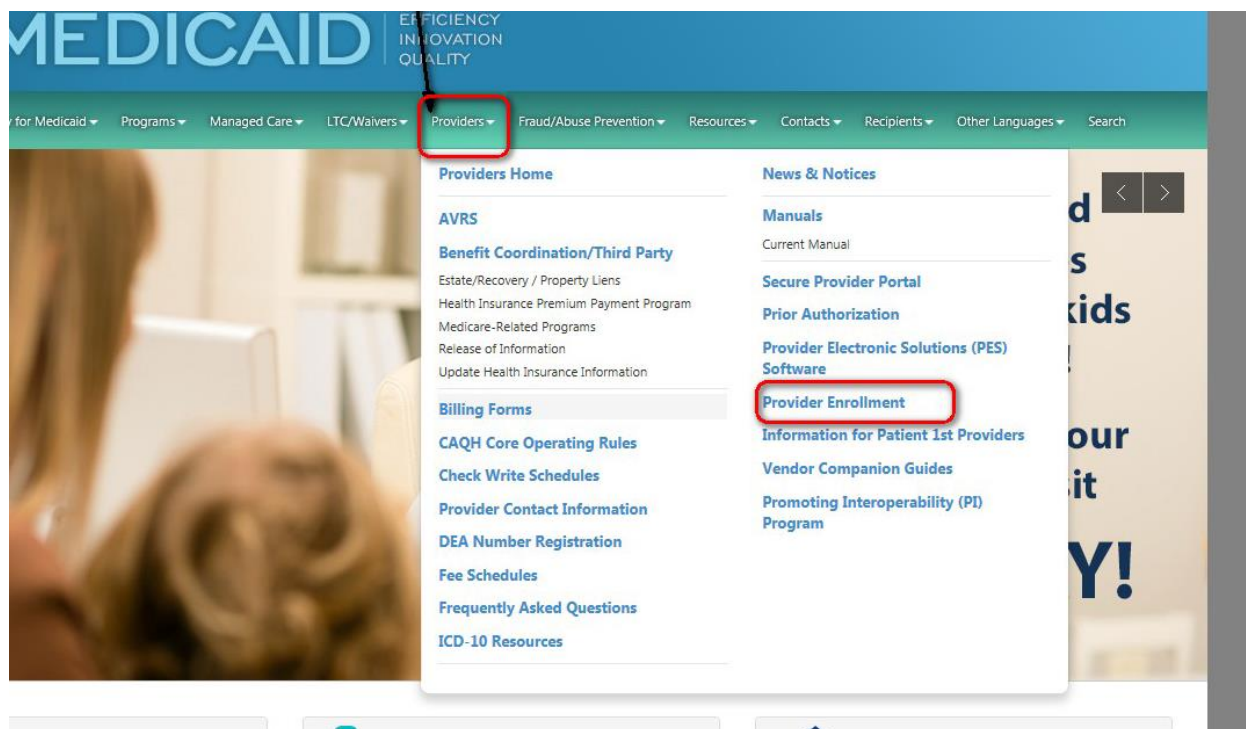


Instruction for enrollment using the web site for RHC

www.medicaid.alabama.gov

- > Click **Providers**
- > Click **Provider Enrollment**
- > Click **Electronic Provider Enrollment Application Portal**
- > Click **Enrollment Application**



Provider Enrollment and Forms

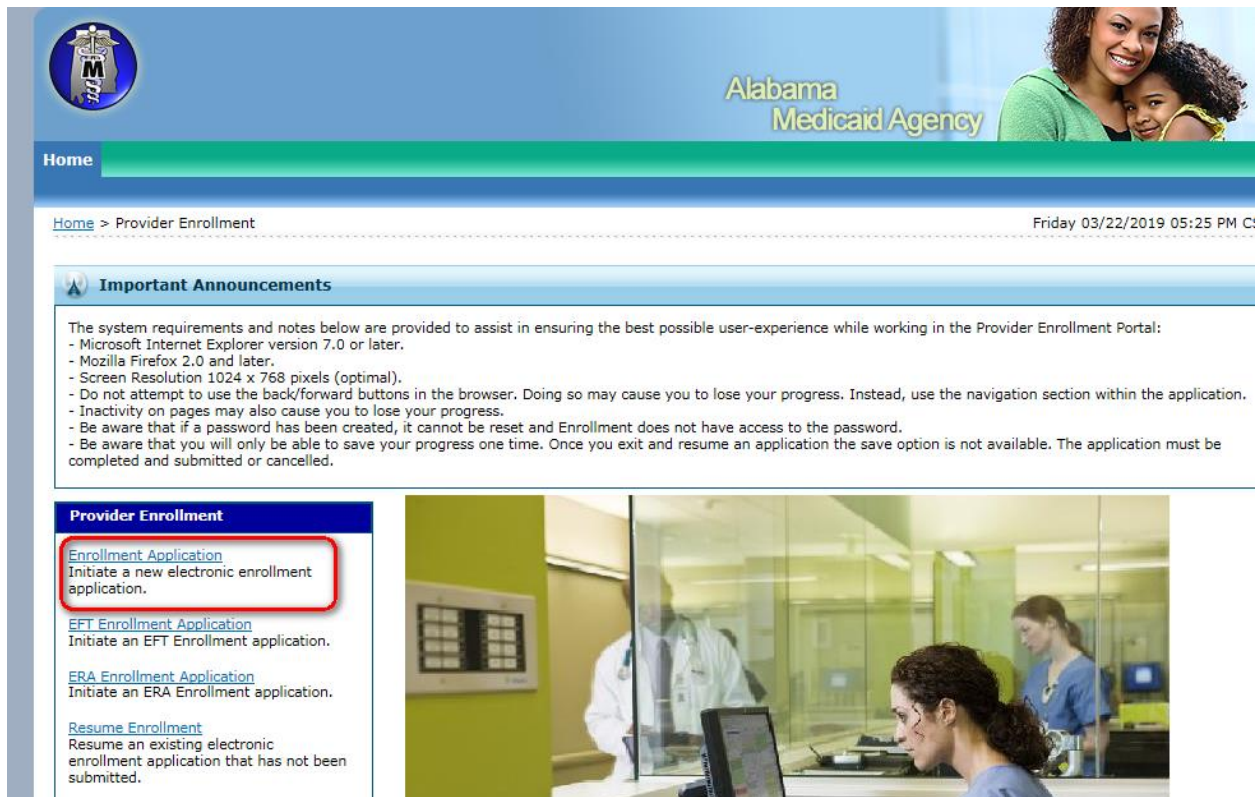
Federal law requires all physicians and other practitioners who prescribe or order services for Medicaid recipients, or who refer Medicaid recipients to other providers, must be enrolled as a Medicaid provider.

Provider Enrollment Contact Information:

- (888) 223-3630 (Nationwide Toll-Free)
- Hours (All times Central) - Monday - Friday 8 a.m. to 5 p.m.
- Supervisor: Jeff Kochik - (334) 215-4152 [Click here to email Provider Enrollment](#)
- [Frequently Asked Questions about Provider Enrollment](#)

Enrolling as a Medicaid Provider

- [Forms for Provider Enrollment and Re-Enrollment](#)
- [Electronic Provider Enrollment Application Portal](#)
- [Provider Enrollment Web Portal Training Manual](#)
- [Providers Required to Submit an Application Fee](#)
- [Rural Health Clinic Cost Report](#) - Useful information to help new providers establish the rate for reimbursement
- [DEA Number Registration](#) - Prescribers of controlled substances are mandated to re-register their DEA License every three years. To ensure your DEA is on file at Medicaid, upload a copy of the provider's DEA Registration Certificate to the Medicaid Interactive Web Portal or fax to (334) 215-7416 with the barcode cover sheet that is provided in the Interactive Web Portal at the end of the Enrollment Updates request. Please be sure to include the provider's name,



The screenshot shows the Alabama Medicaid Agency website. At the top right, there is a logo for the Alabama Medicaid Agency and a photo of a woman and a child. Below the logo, the text "Alabama Medicaid Agency" is displayed. The main navigation bar includes "Home" and "Provider Enrollment". The current page is "Provider Enrollment", and the date and time are "Friday 03/22/2019 05:25 PM C".


Important Announcements

The system requirements and notes below are provided to assist in ensuring the best possible user-experience while working in the Provider Enrollment Portal:

- Microsoft Internet Explorer version 7.0 or later.
- Mozilla Firefox 2.0 and later.
- Screen Resolution 1024 x 768 pixels (optimal).
- Do not attempt to use the back/forward buttons in the browser. Doing so may cause you to lose your progress. Instead, use the navigation section within the application.
- Inactivity on pages may also cause you to lose your progress.
- Be aware that if a password has been created, it cannot be reset and Enrollment does not have access to the password.
- Be aware that you will only be able to save your progress one time. Once you exit and resume an application the save option is not available. The application must be completed and submitted or cancelled.

Provider Enrollment

- [Enrollment Application](#)
Initiate a new electronic enrollment application.
- [EFT Enrollment Application](#)
Initiate an EFT Enrollment application.
- [ERA Enrollment Application](#)
Initiate an ERA Enrollment application.
- [Resume Enrollment](#)
Resume an existing electronic enrollment application that has not been submitted.



This will take you to the home screen once you hit continue this will be where you will enter the enrollment type for the RHC as listed below.

Facility

Rural Health Clinic (RHC)

Then just follow the steps.

Home

Home > [Provider Enrollment](#) > Enrollment Request Information Friday 03/22/2019 05:31 PM CST

Provider Enrollment: Request Information ?

Welcome	You are initiating, resuming, or revising an electronic enrollment application. All required fields below must be completed in order to "Continue" or "Finish Later". Before selecting "Continue" be sure to have ready information you may possibly need to complete the next page listed in the table of contents to the left. If you choose to "Finish Later" be aware that you will be required to enter your tax ID and create a password in order to resume the application at another time. A tracking number will also be assigned. If you, at any time, choose to "Cancel" no data will be saved.
Request Information	
Specialties	
Provider Identification	
Addresses	
EFT Enrollment	
ERA Enrollment	
Other Information	
Disclosures	
Agreement	
Summary	

Initial Enrollment Information

* Indicates a required field.

* **Enrollment Type** Facility

* **Provider Type** Rural Health Clinic (RHC)

* **Requesting Enrollment Effective Date** 03/22/2019

Contact Information

* **Contact Name**

Title

* **Contact Phone** **Ext**

Contact Fax Number

* **Contact Email**

* **Confirm Email**

[Continue](#) [Finish Later](#) [Cancel](#)