



**WEST CENTRAL EARLY STEPS PART C PROVIDER ENROLLMENT APPLICATION
AGENCY INFORMATION**

Agency Name: _____
Doing Business As: _____
Physical Address: _____
City: _____ State: _____ Zip Code (with ext): _____
Mailing Address (if different than physical address): _____
City: _____ State: _____ Zip Code (with ext): _____
Phone Number: (____) _____ - _____ Extension: _____ FAX Number: _____
Cell Phone number: (____) _____ - _____ E-Mail: _____
Tax ID: _____ Medicaid Group Number(s): _____
Administrative Contact: _____ Fiscal Contact: _____ Service Contact: _____
Date Liability Insurance Expires: _____ NPI Number _____
Are you a Minority Business Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you certified? <input type="checkbox"/> Yes <input type="checkbox"/> No CMBE Number _____

PROVIDER INFORMATION

Provider Name: _____ Title: _____
Completed CMS/ES Orientation Training Modules 1,2 and 3 (Dates): _____
Social Security Number: _____ NPI Number: _____
Individual Medicaid Provider Number: _____ Date Eligible To Bill Medicaid: _____
Individual EI Medicaid Number: _____ Date Eligible to bill Medicaid: _____
License Number: _____ License Expiration: _____ Liability Insurance Expires _____
Area of Specialty (e.g., feeding, sensory integration, autism): _____

Birth to Three Early Intervention Services (Please Check All That Apply)

<input type="checkbox"/> Advocacy	<input type="checkbox"/> Early Intervention- Individual	<input type="checkbox"/> Speech/Language
<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Early Intervention- Group	<input type="checkbox"/> Vision
<input type="checkbox"/> Behavior Intervention	<input type="checkbox"/> Hearing/Audiology	
<input type="checkbox"/> Counseling	<input type="checkbox"/> Occupational Therapy	
<input type="checkbox"/> Developmental Evaluation	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Other:

Check all locations where you provider services

<input type="checkbox"/> Childcare/Daycare	<input type="checkbox"/> Home	<input type="checkbox"/> Community Setting	<input type="checkbox"/>
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Languages Spoken

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Counties Served

<input type="checkbox"/> Citrus	<input type="checkbox"/> Hernando	<input type="checkbox"/> Pasco	<input type="checkbox"/> Pinellas
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Designate geographic area(s) you will cover (non-centerbased): _____