

AGREEMENT TO PARTICIPATE
as a Screening Provider in the Arkansas
Child Health Services Early and Periodic Screening,
Diagnosis and Treatment (EPSDT) Program

This agreement made and entered into this ____ day of _____, 20__ and between _____, hereinafter called Provider, and Arkansas Division of Medical Services.

The provider, in consideration of the material benefits to be derived, and the covenants and undertakings of Arkansas Division of Medical Services agree as follows:

- A. To perform various components of the screening examination in accordance with exemplary age-specified Child Health Services (EPSDT) screening procedures:
- B. To bill for screening services only after services have been provided in accordance with the current Arkansas Child Health Services (EPSDT) medical periodicity schedule:
- C. To permit provider's name to be listed as a full screening provider with the Child Health Services (EPSDT) program and consent to inclusion on Child Health Services (EPSDT) provider list made available to county Human Services staff for selection by eligible beneficiaries. School Based Child Health providers are excluded from this requirement as they provide services only to those beneficiaries enrolled in their individual school.

In witness whereof the Parties hereto have set their hands in duplicate the day and date first written above.

Provider Original Signature

Provider Identification Number

Taxonomy Code

Effective Date of Change