

SECTION IV: PROVIDER GROUP AFFILIATIONS

(23) This section of the provider application is used to authorize a group practice or organization to submit Medicaid claims on behalf of individual providers who are affiliated with the group.

Please note the effective date for group affiliation must be within **12 months** of the enrollment application. That is, a provider must render Medicaid services under the group ID no more than 12 months prior to their application to establish an affiliation. Services rendered more than one year prior to enrollment cannot be accepted as the effective date.

Affiliated applicants must complete this section and sign the Appointment of Billing Intermediary Statement. [Add extra sheets if necessary.](#)

Last Name

First Name

M.I.

Title

Group Organization Name

Group Medicaid ID

Effective Date (Date Medicaid Services Rendered Under Group ID)

Expiration Date (Date Provider Left Group)

The undersigned Provider authorizes the above-listed Group Practice Organization to submit claims to the Arkansas Division of Medical Services (hereinafter the Division) on his/her/its behalf, in accordance with the applicable Division regulations. The Provider also authorizes the Division to issue payment checks on his/her/its behalf to the above listed Group Practice Organization, in accordance with applicable Division requirements.

The Provider accepts full liability to the Division for all acts committed by each Group Practice Organization listed above which relate in any manner to said Group Practice Organization's performance of duties in preparing and submitting claims on the Provider's behalf within the scope of its actual or apparent authority. Should any such acts result in the violation of any of the laws, rules or regulations governing the Medical Assistance Program or the Provider's agreement with the Division, the Provider shall be fully liable to the Division as if such acts were the Provider's own acts.

The Provider agrees to notify the Division at least ten days prior to the effective date of the revocation of this Appointment of Billing Intermediary. In such event, the Provider's liability for the acts of the Group Practice Organization shall continue until the tenth day after the Department's receipt of such notification or the effective date of the revocation, whichever date is later.

An original or approved electronic signature of the individual provider is mandatory. (No stamped or copied signature is allowed; Arkansas Medicaid will accept electronic signatures, in compliance with Arkansas Code § 25-31-103, et seq.

Provider Signature

Title

Date

Typed or Printed Name

Provider Medicaid ID

Primary Care Providers must complete the Primary Care Provider Agreement to have their managed care fees paid to a new group Provider Medicaid ID Number.