

Select purpose of form below:

Initial Enrollment

ATN # _____

Reenrollment

NPI # _____

MCD # _____

CORPORATE BOARD OF DIRECTORS RESOLUTION

Required for corporations only and **must** be an original, notarized form.

For physician groups that operate as corporations, this form must only be filled out once and submitted for the group web portal application.

Submit with bar coded cover sheet to DXC Provider Enrollment Department at:
P O Box 241685, Montgomery, AL 36124-1685

State of _____

County of _____

On the _____ Day of _____, _____ at a Meeting of the Board

of Directors of _____, A Corporation, Held in The City of

_____, In _____ County, with a Quorum of the Directors Present, the Following Business Was Conducted:

It Was Duly Moved and Seconded That the Following Resolution Be Adopted:
Be It Resolved That the Board of Directors of The Above Corporation Does Hereby Authorize

Name of Authorized Individual

And His/Her Successors in Office to Negotiate, On Terms and Conditions That He/She May Deem Advisable, A Contract or Contracts with The Alabama Medicaid Agency, And to Execute Said Contract Or Contracts On Behalf Of The Corporation, And Further We Do Hereby Give Him/Her The Power And Authority To Do All Things Necessary To Implement, Maintain, Amend, Or Renew Said Contract.

The Above Resolution Was Passed by A Majority of Those Present and Voting In Accordance With The By-Laws and Articles of Incorporation.

I Certify That the Above Constitutes a True and Correct Copy of a Part of The Minutes of a Meeting of the Board of Directors of _____

Held on the _____ Day of _____, _____

Signature of Secretary of Board

Subscribed and Sworn Before Me, _____, a Notary Public for the

County of _____, on the _____ Day of _____.