

Select purpose of form below:

Initial Enrollment

ATN # _____

Reenrollment

NPI # _____

MCD # _____

Update

NPI # _____

MCD # _____

EPSDT AGREEMENT

I, the undersigned participating physician/provider, agree to carry out the key components of a thorough medical well-child examination. The examination/screen must, at a minimum, include:

- a comprehensive health and developmental history (including assessment of both physical and mental health development),
- a comprehensive **unclothed** physical exam,
- appropriate immunizations according to age and health history,
- laboratory tests (including blood lead level assessment appropriate for age and risk factors),
- health education (including anticipatory guidance), and
- treatment and/or referral, if indicated.

In addition, I understand that the performance of these services must be documented, as all medical records pertaining to the EPSDT Program are subject to audit by federal and state agency representatives. Also, I agree to follow up on all referred cases and to document whether or not the initial referral visit was kept by the recipient.

 Provider's Printed Name

 Physical Street Address

 City, State and Zip Code+4

 Telephone Number

 Provider NPI Number

 CLIA Number

 Provider's Signature
 (Original signature of the enrollee is required.)

Do you wish to be listed in the EPSDT published list? Yes No

The Alabama Medicaid Agency does not enroll providers in the VFC Program. To enroll in the VFC Program, contact the Alabama Department of Public Health, Immunization Division at (800) 469-4599.