

PROVIDER WEB PORTAL APPLICATION SIGNATURE PAGE

Must be signed with an original signature

Please print, sign and MAIL with the bar coded cover sheet to HPES Provider Enrollment Department at P O Box 241685, Montgomery, AL 36124-1685.

Signature must be original and be that of the applicant or an authorized representative ONLY if enrolling as a provider facility/group.

Signature

Printed or Typed Name

_____ _____
Title Date

_____ _____
NPI of Applicant Tracking Number of Application