Initial Enrollment

□Update	
NPI#	
MCD#	

Alabama Medicaid Telemedicine Services Agreement/Certification

I, the undersigned participating provider, agree to provide and submit claims for telemedicine services as described in the applicable chapters of the Alabama Medicaid Provider Billing Manual and the Telemedicine Policy, and in accordance with the terms and conditions expressed in the Medicaid State Plan for Medical Assistance, the Administrative Code and all other federal and state laws and regulations as they pertain to my performance under this agreement.

In addition, I understand that the performance of this service must be documented, as all medical records pertaining to the Telemedicine Services Program are subject to audit by federal and state agency representatives.

Furthermore, I certify the following:

- I have the ability to provide medically necessary services via an audio or interactive audio and video telecommunications system, which permits two-way communication between the distant site provider and the origination site where the recipient is located;
- The equipment used at the origination site and at the distant site is sufficient to allow the health care provider to appropriately evaluate, diagnose, or treat the recipient for services billed to Medicaid;
- All transmissions utilize an acceptable method of encryption;
- Written quality-of-care protocols are operational at this site where telemedicine services are provided;
- Recipient confidentiality protocols are operational at this site where telemedicine services are provided.

Provider's Printed Name

Provider Physical Address*

*Indicate an in-state or qualifying bordering state site of practice address from which telemedicine services will be provided.

City

State

ZIP+4

NPI Number (Must be that of the enrollee and active.)

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