## **Uploading Provider Revalidation Documents**

Provider will log into the Interactive web portal:

https://www.medicaid.alabamaservices.org/ALPortal/default.aspx

Home	NDC Look	Up Information	Account	Claims	Eligibility	<b>Trade Files</b>	<b>Prior Authorization</b>	Providers	Provider Look Up		
Home Download Upload Forms											
	orms								<u> </u>		
Forr	Name* REA - Revalidation Application Supporting Doco 🗸										
									clear		

Select the Trade Files tab, then Forms. Click on the drop down button for Form Name and click on REA - Revalidation Application. Click on Search and the associated form will display for completion. Fill in the requested information and attach all documentation for revalidation.

Note: Only documents saved in PDF format can be uploaded.

Once all requested information is filled out, attach documentation by selecting the "Browse" buttons at the bottom in the screenshot below. Once complete, select Submit. You will receive a bar coded coversheet that can be used to fax additional requested documents.

## **REVALIDATION APPLICATION SUPPORTING DOCUMENTATION**

## Instructions:

Please complete all form fields below. Supporting documentation may be uploaded or faxed upon successful form submission. Upon completing the form below, a fax coversheet will be generated.

It is imperative that you save a copy of this coversheet, should you be requested to submit additional documentation for this packet.

## Reminders:

A listing of approved supporting documents for revalidation applications is provided in certain chapters of the Provider Manual, such as Chapter 2.

All supplemental forms for revalidation for which a wet signature is not required may be submitted to *Gainwell Technologies Provider Enrollment* via an electronic submission. The following forms cannot be submitted electronically: Corporate Board of Directors Resolution; this form requires wet signature and notarization.

The required file format for document upload is PDF. Documents submitted in any other format will be rejected.

Do not fax double-sided pages.

Fax supporting documents with the barcode coversheet as page 1 and supporting documents to 334-215-7416.

Record ID	265
Provider ID (NPI) *	
Medicaid ID (MCD) *	
Provider / Group Name *	
Submitter First Name *	
Submitter Last Name *	
Submitter Phone *	
Submitter Email *	
Document Upload (*.PDF)	Browse
	Browse
	Browse

Please review all fields above for completion and accuracy. No further reivew opportunites will be available once the Submit button is pressed.

Submit