## Corporate Board of Directors Resolution Form

**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 ________________. 

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**Select purpose of form below:**

- [ ] Initial Enrollment
  - ATN # __________________________

- [ ] Reenrollment
  - NPI # __________________________
  - MCD # __________________________