

## Out-of-State ASC and Hospital Update Form

ASC/Hospital Name: \_\_\_\_\_

NPI Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Attention: \_\_\_\_\_

In order to update the enrollment status of the above-mentioned Out-of-State ASC or Hospital to a current status, please complete the items listed below and return this request to DXC.

Tax Identification Number: \_\_\_\_\_

Tax Identification Name: \_\_\_\_\_

Is your facility certified by your state to participate in the Medicaid program? YES \_\_\_ NO \_\_\_

Certification effective date: \_\_\_\_\_

Is your facility certified by your state to participate in the Medicare program? YES \_\_\_ NO \_\_\_

Certification effective date: \_\_\_\_\_

Beginning date of the services provided to the Alabama Medicaid Recipient: \_\_\_\_\_

*NOTE: The facility's contract will expire six months after the date of service indicated.*

I certify that, to the best of my knowledge, the information supplied in this request is accurate, complete and is hereby released to DXC for the purpose of updating the facility's enrollment status in the Alabama Medicaid program.

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Signature Date

If you have any questions concerning this form, please feel free to contact Provider Enrollment at 1-888-223-3630.

**This form can be submitted in two ways by accessing the Medicaid Interactive secure web portal and selecting Trade Files/Forms to send an Enrollment Updates request:**

- **Upload document directly to the Medicaid Interactive Web Portal or**
- **Fax to (334) 215-7416 with barcode cover sheet that is provided in the Interactive Web Portal at the end of the Enrollment Updates request**