Select purpose of form below:

☐ **Initial Enrollment**
ATN #_____

☐ **Reenrollment**
NPI #_____
MCD #_____

☐ **Update**
NPI #_____
MCD #_____

AGREEMENT FOR PARTICIPATION IN THE PLAN FIRST PROGRAM

I_____hereby enter into an agreement with the Alabama Medicaid Agency for participation in the Plan First Program.

I agree to provide services as described in the Family Planning section of the Alabama Medicaid Provider Manual and in accordance with the terms and conditions expressed in the Medicaid State Plan for Medical Assistance, the Administrative Code, the approved 1115 Research and Demonstration Waiver and all other federal and state laws and regulations as they pertain to my performance under this agreement. I understand that these requirements are incorporated by reference into this agreement. I understand that I am bound to follow all specifications, terms and conditions expressed in these manuals and documents, and that my failure to do so may result in termination of this agreement and recoupment of any or all funds paid under this agreement.

Executed this_____day of_____, 20 _.

_____
Signature (original signature required)

_____ _____
Title Typed / Printed Name

EnrollmentInformation

Name: _____

Address (including street address and county) _____

City_____Zip+4:_____NPI #:_____

Office Phone:_____FAX#: _____

Type of Enrollment:_____Group _____Individual

Group or Clinic Name:_____

Group/Payee Organizational NPI Number:_____

Contact Name:_____

FOR Gainwell USE ONLY

Date Accepted:_____By:_____Indicator Added: _____