

## Group Practice Enrollment Checklist – Ambulance

Use this checklist to determine which items are needed for a clean application based on your group type.

| Checklist Items                                      |
|------------------------------------------------------|
| Group Practice Application                           |
| IRS Verification of Tax ID (Letter 147C or CP 575 E) |
| Electronic Funds Transfer                            |
| Signed Contracts                                     |
| Medicaid ID Number*                                  |
| Copy of CMS Letter                                   |

\*Only if applying for Healthy Blue.