

The address is:
 PO Box Description
 PO Box #####
 Tallahassee, FL 32314-####

P.O. Box Description	P.O. Box
Attachments for Electronic Claims	7050
141 Claim Forms	7052
Provider Services <ul style="list-style-type: none"> • Provider Inquiry Forms • Medicaid Claim Form Order Forms • Ad hoc Request Forms 	7054
UB04 Claims Forms (Non-Crossover)	7062
UB04 Claim Forms (Crossovers)	7064
Provider Enrollment <ul style="list-style-type: none"> • Applications • All Provider Enrollment Maintenance Documents <ul style="list-style-type: none"> ○ Medicaid Pharmacy Point of Service Provider Certification ○ NPI Registration Form ○ EDI Agreement ○ Community Behavioral health Medicare and 3rd Party Crossover Form ○ Practitioner Collaborative Agreement ○ Medicaid Provider Agreement ○ Serialized Form for Change of Address ○ Form CMS - 1539 Medicare/Medicaid C and T Part 1 ○ License/Certification Copies ○ Payment Method Authorization Agreement ○ Certification of Ownership Form for Physician Groups ○ Surety Bonds ○ Validation of Physician Specialty Training ○ Group Membership Authorization ○ Provider Enrollment General Correspondence • Florida Medicaid Handbook Order Forms 	7070
CMS 1500 Claim Forms (Non-Crossovers)	7072
CMS 1500 Claim Forms (Crossovers)	7074
Voids and Adjustments	7080
Pharmacy Claim Forms	7082
ADA (Dental) Claim Forms	7084
Prior Authorizations (Dental and Medical)	7090
Recipient Forms: <ul style="list-style-type: none"> • 2014's • Unborn Activations Forms • Family Planning Waiver Forms 	7092