

FOR MEDICAID

**GROUP**

COPY OF AHCA CERTIFICATE - IF APPLICABLE

SIGNED W9 BY GROUP OWNER

COPY OF OWNER'S BACKGROUND CHECK

COPY OF BOND CERTIFICATE (\$50,000)

BANK ADDRESS AND PHONE #

COPY OF VOID CHECK

**PHYSICIANS, ARNP'S, PA**

COPY OF ME LICENSE

COPY OF SOCIAL SECURITY CARD

COPY OF BACKGROUND CHECK

BANK ADDRESS AND PHONE#

COPY OF VOID CHECK

**FOR ARNP'S – NEED ME LICENSE# FOR COLLABORATIVE  
PHYSICIAN**