

Virginia Medicaid Authorized Administration Form

Complete an Authorized Administration Form for each Individual Provider granting permission for the Group Practice they are affiliated with to manage their provider information on the Virginia Medicaid Secure Provider Portal.

Individuals can only have one Authorized Administrator at a time to manage their provider information,

Part A. Group Practice Authorized Administration Information

1. Legal Business Name:
2. Federal Tax Identification Number
3. Group Practice National Provider Identifier (NPI):
4. Group Practice 14-digit Service Location Id:

Part B. Individual Provider Identification

1. Individual Name: _____
First Middle Last Suffix Title
2. Social Security Number: _____ Date of Birth _____
3. Individual National Provider Identifier (NPI): _____
4. Individual Provider 14-digit Service Location Id: _____

Part C. Authorized Administration Statement

This section must be signed and dated by the individual provider shown in the Individual Provider Identification section (Part B) to request to authorize the entity shown in the Group Practice Identification section (Part A) to manage their provider information as an Authorized Administrator.

Individual Provider Signature

Date

Print Name



Please fax completed forms securely to:

Virginia Medicaid Provider Enrollment Services

Toll-Free Fax: 888-335-8476

Local Fax: 804-270-7027

MAKE ADDITIONAL COPIES AS REQUIRED

Completing the Authorized Administration Form

The Authorized Administration Form grants authorized administrative access to the Group Practice designated and authorized by the Individual Virginia Medicaid Provider to manage their provider file information on the secure Virginia Medicaid Provider Portal. The individual provider will remain the Primary Account Holder for their individual provider file and can remove or update their Authorized Administrator at any time. Only one Authorized Administrative can be active on the Individual Provider file at a time. Virginia Medicaid Provider Enrollment Services will validate the information provided on this form to ensure that access to individual Virginia Medicaid Provider Information to an authorized administrator of Group Practice designated by individual provider. **Note: Each provider must complete Authorized Administration form and only one Authorized Administrator can be on a provider file at a time.**

Part A- Group Practice Information

1. **Legal Business Name:** Enter the name of the business as registered with the Internal Revenue Service.
2. **Federal Tax Identification Number:** Enter your organization's 9-digit Federal Tax Identification Number and begin date.
3. **Group Practice National Provider Identifier (Organization-Type 2):** Enter your Group Practice (Organization-Type 2) 10-digit National Provider Identifier as assigned by the National Plan and Provider Enumeration System (NPPES).
4. **Group Practice 14-digit Service Location Id:** Enter your 14 Digit Group Service Location Id provider is requesting Authorized Administration for individual provider files.

Part B- Individual Provider Identification

1. **Individual Name:** Enter the full name of the individual provider.
2. **Social Security Number:** Enter the 9-digit social security number of the individual Virginia Medicaid provider. **Date of Birth:** Date of Birth for Individual Virginia Medicaid Provider.
3. **Individual Provider National Provider Identifier:** Enter the individual provider's (Type 1) 10-digit National Provider Identifier as assigned by the National Plan and Provider Enumeration System (NPPES).
4. **Individual Provider 14-digit Service Location Id:** Enter your 14 Digit Individual within the Groups Service Location Id provider.

Part C- Authorized Administration Statement

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