



New Location Code Request

(See instructions on reverse)

Provider Name: _____

Base Provider Number: _____-00 **New Location's Provider Type Code** 67
(enter first seven (7) digits of your Medicaid ID) *(see reverse for provider type codes)*

New Location's Specialty Code: 98 **New Location's License Number:** _____
(For a list of available codes, see the "Guide for Completing the Medicaid Provider Enrollment Application", on the web site listed at the bottom of this page, or contact the fiscal agent at 1-800-289-7799, Option 4.) *(if applicable) NOTE: Home Health Agency branches and PPEC providers must complete this section and attach a copy of the license.*

Service Address: _____

Building, Suite Number: _____
(or P. O. Box if applicable)

City: _____ **State:** _____ **ZIP:** _____

Business Location Telephone Number: ()
Area Code

Business Location Fax Number: ()
Area Code

County: _____

Pay-To Address: _____
(Defaults to Service Address if left blank)

Building, Suite Number: _____
(or P. O. Box if applicable)

City: _____ **State:** _____ **ZIP:** _____

Correspondence Address: _____
(Defaults to Service Address if left blank)

Building, Suite Number: _____
(or P. O. Box if applicable)

City: _____ **State:** _____ **ZIP:** _____

Home/Corp Office Address: _____
(Defaults to Service Address if left blank)

Building, Suite Number: _____
(or P. O. Box if applicable)

City: _____ **State:** _____ **ZIP:** _____

Provider's Signature (or authorized agent) **Date**

(State Office use only - do not write below this line)

APPROVAL:

Signature Print Name Approval Date

INSTRUCTIONS

Medicaid provider numbers consists of a base number of seven digits with a two-digit suffix. The suffix of the provider number is referred to as the “location” code. Multiple suffixes are assigned when a provider:

- Renders services at more than one location, or
- Is enrolled as more than one provider type, or
- Is enrolled for more than one specialty code, e.g., Home and Community Based Services.

Both individual and group providers, except hospitals and hospices who have practices at more than one location, e.g., satellite or branch offices, must have a separate location code for each practice location. Providers must use the location code assigned to the practice location when billing for services provided at that location.

The following provider types may use this form to request a location code:			
30 Advanced Registered Nurse Practitioner	67 Home and Community Based Services Waiver	83 Therapist (PT, OT, ST, RT)	
60 Audiologist	63 Optician	40 Transportation - Ambulance	
91 Case Management Agencies	62 Optometrist	41 Transportation - Non-Emergency	
28 Chiropractor	24 Prescribed Pediatric Extended Care Center (PPEC)	42 Transportation - Air Ambulance	
05 Community Mental Health Provider	29 Physician Assistant	43 Transportation - Taxicab Company	
77 County Health Department	26 Physician—D.O.	44 Transportation - Government/Municipal Transport	
35 Dentist	25 Physician—M.D.	45 Transportation - Private	
68 Federally Qualified Health Center	27 Podiatrist	46 Transportation - Non-Profit	
61 Hearing Aid Specialist	31 Registered Nurse - First Assistant	47 Transportation - Multi-Load Private	
65 Home Health Agency	07 Specialized Therapeutic Foster Care Provider		
(NOTE: All other provider types must complete a full Florida Medicaid Provider Enrollment Application to obtain a location code.)			

Additional required documentation:

1. **Electronic Funds Transfer Authorization (EFT)** with a **letter from the bank or a voided check** verifying the bank transit / ABA routing number, your account number and account name.
2. **NPI Registration Form** (if applicable)
3. **If the base provider number is a group**, also attach a *Group Membership Authorization* for each treating member in order to link them to the new location.
4. **If the base provider number is for a physician group**, also attach a *Physician Group Certificate of Ownership* along with any required attachments.
5. **If the base provider number is for a Child Welfare Targeted Case Management Agency**, also attach the *Children’s Certification for Child Welfare Targeted Case Management* form.

Mail the completed New Location Code Request and all required documentation to:

Home and Community-Based Service Providers: The area office or Agency that oversees the waiver program. <i>(For a list of addresses, see the “Guide for Completing the Medicaid Provider Enrollment Application”, on the web site listed at the bottom of this page, or contact the fiscal agent at 1-800-289-7799, Option 4.)</i>	All other provider types: For Regular Mail: EDS Provider Enrollment P.O. Box 7070 Tallahassee, FL 32314-7070	For Overnight or Express Delivery: EDS Provider Enrollment 2671 Executive Center Circle, Suite 100 Tallahassee, FL 32301
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If you have any questions, please call EDS Provider Enrollment at 1-800-289-7799, Option 4.