

HOW TO CREATE A DMS CSAB INDIVIDUAL BILLING ACCOUNT

1. Open your internet browser and go to: <https://portal.suncom.myflorida.com/start/#/login> and click on the orange box “3 Steps to Get Started”.

SUNCOM
FLORIDA

Username (Email)
Password
Login Forgot Password?

Now Available in CSAB: LogMeIn
October 29th 2018, 1:57 pm
DMS is pleased to announce that LogMeIn will be replacing BT Conferencing as the SUNCOM reservationless audio conference service provider. Existing BT Conferencing customers have been sent a welcome email from LogMeIn which includes a link to establish their password and then they will receive their new conference codes. BT subscribers are encouraged to start using the LogMeIn service as soon as possible. Subscribers will, however, be able to use the BT Conferencing service until it is disconnected on December 31, 2018
Rhonda Ballew | Permalink

Now Available in CSAB: Remote Broadband Service (RBS-2) Ordering
June 21st 2018, 4:56 pm

DMS
Telecommunications
CSAB
MyFloridaMarketPlace
Support (SIMS)
Help

3 Steps to Get Started
NEW APPLICATION USERS ONLY!

2. Go to bottom of page, Click “Can’t find your organization then click ‘Here’”. You will see a notice at the top of the next page. DMS is in the process of removing APD from the notice.

! If you are a VPN customer and are contracted through a state agency such as DOT, APD, DCF, etc., a **CSAB account is not required**. Invoices will be emailed monthly to the email address on file effective with the July 2015 billing. Please submit a Help Desk ticket to: SUNCOM.Helpdesk@dms.myflorida.com - the ticket will be sent to the SUNCOM Billing Management Section for handling. When the ticket is completed you will receive email notification that your account has been updated.

1 Find and Highlight YOUR Organization

AGENCY FOR COMMUNITY TREATMENT SERVICES (ACTS)
OYF - KIDS CENTRAL INC
11TH JUDICIAL CIRCUIT COURT
16TH JUDICIAL CIRCUIT OF FLORIDA
19th Judicial Circuit Court - Court Admi
1ST ASMBLY OF GOD
1ST COAST CHRISTIAN SCHL
1ST CST TECHL INST
2-1-1 BIG BEND INC
211 PALM BEACH/TREASURE COAST

Can't find your organization then click 'Here'

3. The Agency Details section refers to your business, not the Agency for Persons with Disabilities. To complete this section, fill out the contact information with your business information. **Please use the type code of Non-Profit Corporation.**

Note – If you are a solo provider, this will be your information for your solo business. If you are an agency head, this information will be your information for your agency business.

Agency Details

Organization Name:	<input type="text" value="Organization Name"/>
Type Code	<input type="text" value="select"/>
Agency Name	<input type="text" value="Agency Name"/>
Address Line 1	<input type="text" value="Address Line 1"/>
Address Line 2	<input type="text" value="Address Line 2"/>
City	<input type="text" value="City"/>
Postal Code	<input type="text" value="Postal Code"/>
FEID	<input type="text" value="Federal Employer Identification Number"/>
County	<input type="text" value="Alachua"/>

4. The Agency Administration section is the information for the account holder. The information needs to match the information on the Medicaid Waiver Services Agreement for the account.

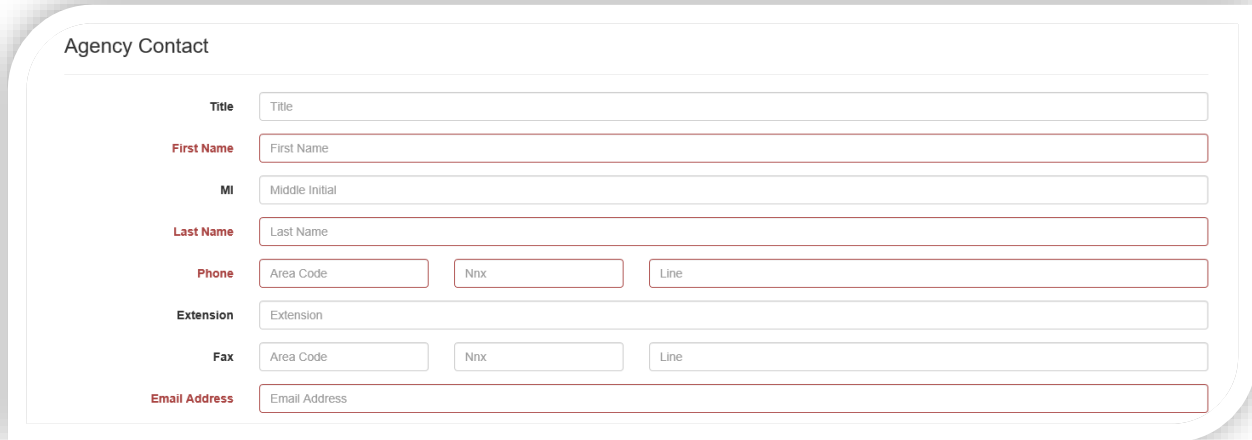
Note – If you are a solo provider, this will be your information for your solo business. If you are an agency head, this information will be your information for your agency business.

Agency Administrator

Authorizing Official Signature Date	<input type="text" value="MM/DD/YYYY"/>
Title	<input type="text" value="Title"/>
First Name	<input type="text" value="First Name"/>
MI	<input type="text" value="Middle Initial"/>
Last Name	<input type="text" value="Last Name"/>
Phone	<input type="text" value="Area Code"/> <input type="text" value="Nnx"/> <input type="text" value="Line"/>
Extension	<input type="text" value="Extension"/>
Fax	<input type="text" value="Area Code"/> <input type="text" value="Nnx"/> <input type="text" value="Line"/>
Email Address	<input type="text" value="Email Address"/>

- The Agency Contact section is the contact information for the person who is responsible for the VPN payment.

Note – If you are a solo provider, this will be your information. If you are an agency head, this information will be your account payable contact person.



Agency Contact

Title

First Name

MI

Last Name

Phone Area Code Nnx Line

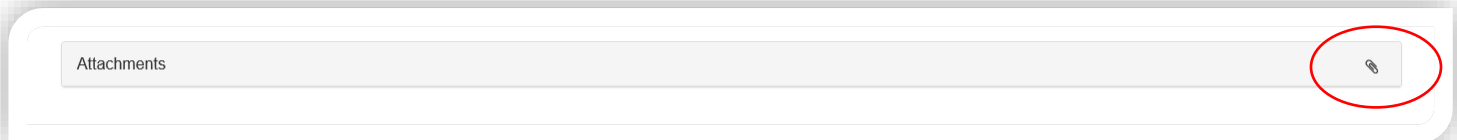
Extension

Fax Area Code Nnx Line


Email Address

- Be sure to attach you MWSA to the CSAB application. The MWSA provides confirmation that the WSC is either a solo or agency provider. The application cannot be processed without the MWSA. Click the paperclip icon to attach the MWSA.

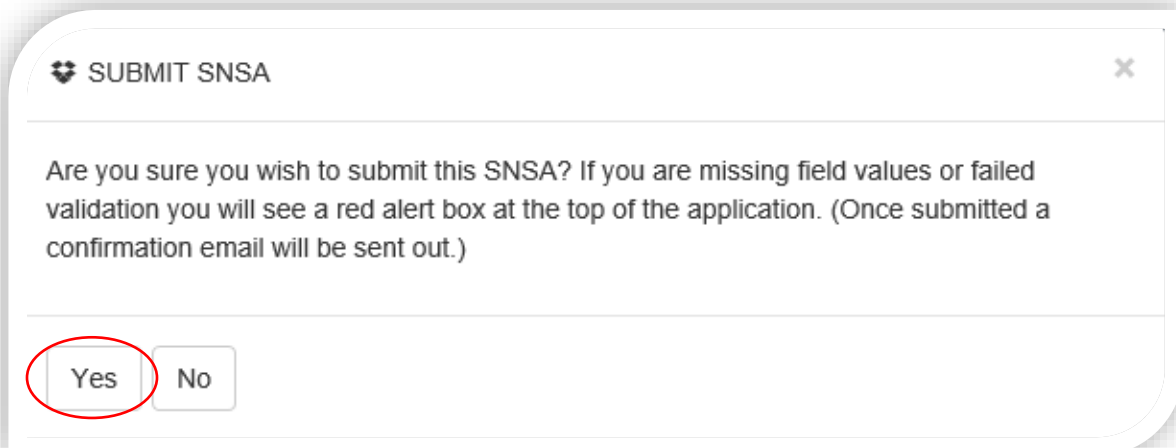
Note – if you are applying as an Agency, please attach the MWSA for the agency.





Attachments



- To submit the application with your MWSA attached, complete the Human Verification by clicking the box that proves you are not a robot. And select “yes” to submit the application.



 SUBMIT SNSA 

Are you sure you wish to submit this SNSA? If you are missing field values or failed validation you will see a red alert box at the top of the application. (Once submitted a confirmation email will be sent out.)