

Directions for completing the Editable Vermont Medicaid Enrollment Agreement

Select the link @ <http://www.vtmedicaid.com/Downloads/forms> to open the Vermont Medicaid Enrollment Agreement Form. Once the form is open select “save as” from the file drop down menu and rename the document to save a copy to your PC. When you are ready to complete or edit the Medicaid enrollment agreement, open the saved/renamed enrollment agreement form from your PC. You will notice light blue field indicators through out the document. When your curser is held over one of these blue field indicators prompts will appear to advise what information to input in each field, not all fields will have direction prompts. Please remember to save the form when ever changes are made.

As of March 1, 2010 HP Enterprise Services will require all providers to utilize the new enrollment form when submitting their enrollment application to participate in the Vermont Medicaid program. Return the completed enrollment agreement by mail along with the required original signatures and licensing documentation to: HP Enterprise Services, Enrollment/Recertification, P.O. Box 888, Williston, VT 05495. Please contact the enrollment unit with any concerns or questions you may have at 802-879-4450.