



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

0300629466



PRV-9008-R/XX/0300629466/1
NATALY ROSAS
11060 SW 88TH ST
MIAMI FL 33176-1272

October 30, 2020

Dear Provider,

Welcome to the Florida Medicaid program.

Your agreement for participation as a fully enrolled provider in the Florida Medicaid program has been approved by the Agency for Health Care Administration. This type of enrollment allows you to serve Medicaid eligible recipients who are enrolled in the Medicaid state plan, and to bill Medicaid directly for reimbursement within the scope of coverage of your provider type.

This enrollment also allows you to seek to participate as a network provider with one of the Medicaid health plans. Enrollment in Florida Medicaid does not entitle you to participate in a health plan network. Each health plan has its own credentialing and contracting requirements and determines the providers who can participate in their network.

Please review the demographic information printed below for accuracy. Earnings will be reported to the IRS under the name and Tax ID as shown below and payments will be mailed to the address as listed. If changes are necessary, please notify the Medicaid fiscal agent immediately.

Florida Medicaid Provisional Provider Enrollment Information

Name: **NATALY ROSAS**
D/B/A Name:
Address: **11060 SW 88TH ST**
MIAMI, FL 33176-1272

Provider NPI: Medicaid Provider ID: **108428400** Provider Tax ID (last 4): **6400**

Provider Type: **BEHAVIOR ANALYSIS**

Provider Specialty: **REGISTERED BEHAVIOR TECHNICIAN**

Taxonomy: **106S00000X** Taxonomy: **BEHAVIOR TECHNICIAN**

The effective dates of your enrollment are: **10/20/2020** through **10/19/2025**.

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Tallahassee, FL 32308
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Name: NATALY ROSAS
Medicaid Provider ID: 108428400
Date: 10/30/2020
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As an enrolled provider, you will be assigned access to the secure Medicaid portal where you can request eligibility verifications, request and track prior authorization and referrals, submit and track claims, and other activities. Watch for your secure portal Personal Identification Number (PIN) in a separate letter.

You are advised to report any changes in ownership or managing employees, physical address, professional or facility license, or other significant characteristics, which could affect compliance, to Florida Medicaid for action as deemed necessary. Failure to do so may result in suspension of your agreement with Florida Medicaid.

For information, guidance, and training support for provider enrollment, claims billing and reimbursement, and recipient eligibility, please visit the Medicaid public portal at <http://mymedicaid-florida.com>, or contact the Medicaid fiscal agent Monday through Friday, 7:00 a.m. - 6:00 p.m., at 1-800-289-7799 "Option 4".

For Medicaid policy questions, please contact the Recipient and Provider Assistance, Florida Medicaid Help Desk Monday through Friday, 8:00 a.m.ET – 5:00 p.m. ET, at 1-877-254-1055.

The success of the Florida Medicaid program is dependent on providers like you who furnish services directly to Medicaid recipients. Thank you for your participation in our mission to provide better health care for all Floridians.

Sincerely,

A handwritten signature in black ink that reads "Gay L. Munyon".

Gay L. Munyon, Chief
Medicaid Fiscal Agent Operations

cc: Provider File

