

## MEDICA PRIME SOLUTION REQUIRED DOCUMENTS

Provider Type	Declaration of Agreement	Prime Solution Amendment	Demographics Form*	Medicare Number Roster*	Payment Appendix
<b>Critical Access Hospital</b>		X	X	X <i>if bill for professional fees</i>	X <i>+ copy of most current CMS Interim Rate letter</i>
<b>Hospital (Specialty, Acute, Rehab)</b>		X	X	X <i>if bill for professional fees</i>	
<b>Surgery Center</b>		X	X	X <i>if bill for professional fees</i>	
<b>Skilled Nursing Facility</b>		X	X	X <i>if bill for professional fees</i>	
<b>Ancillary Facility (includes Sleep Center &amp; Radiological Facility)</b>		X	X	X <i>if bill for professional fees</i>	
<b>DME Supplier</b>	<i>NOT ELIGIBLE THROUGH PROVIDRS CARE</i>				
<b>Mental Health (includes MHF and Beh. Health Providers)</b>	<i>NOT ELIGIBLE THROUGH PROVIDRS CARE</i>				
<b>Laboratory</b>	<i>NOT ELIGIBLE THROUGH PROVIDRS CARE</i>				
<b>Home Health/Hospice</b>		X	X		
<b>Dialysis Center</b>	<i>NOT ELIGIBLE THROUGH PROVIDRS CARE</i>				
<b>Health Department</b>		X	X	X <i>if bill for professional fees</i>	
<b>Ambulance/EMS</b>		X	X		
<b>Pharmacy</b>		X	X		
<b>Anesthesiology Group</b>	<i>Required if not currently contracted as a group</i>	X	X	X	
<b>Clinic (includes RHC, FQHC, Urgent Care)</b>	<i>Required if not currently contracted as a group</i>	X	X	X	
<b>Provider Group (includes ER and Hospitalists)</b>	<i>Required if not currently contracted as a group</i>	X	X	X	

*\*available in fillable format under Medica Prime Solution section of website*

Please submit questions to [Contracting@ProviDRsCare.Net](mailto:Contracting@ProviDRsCare.Net)