

# Provider Enrollment Request Form for Settlement Agreement

## Guidelines

- Before submitting the request form, the provider must have an active SoonerCare provider agreement in place for the location and service type for which settlement is requested.
- A settlement agreement may only be requested once per individual provider.
- Once the request form is submitted to OHCA, the provider will generally receive a decision within 90 days. If the request is granted, the provider will receive a fully executed settlement agreement and can submit claims as usual for the approved time period.

Submit the completed and signed Request Form and Agreement by mail or by fax to:

By mail: OHCA Provider Enrollment  
P.O. Box 54015 Oklahoma City, OK 73154

By fax: 405-530-3224 (faxed original is acceptable)

What is the reason for requesting the settlement agreement?

1. Provider has had an active provider agreement with OHCA within the past year and overlooked the execution of a renewal agreement.  
Date that the previous contract expired: \_\_\_\_\_
2. Provider is an individually contracted provider; however a Group overlooked adding the individual to the contracted SoonerCare Group.  
Date that the individual joined the Group: \_\_\_\_\_
3. Provider is an out-of-state provider and was unaware member had SoonerCare until after the date-of service.  
Date of service: \_\_\_\_\_
4. Other (explain, including dates-of-service): \_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the name and SoonerCare ID for the Provider Agreement for which you're requesting backdating? \_\_\_\_\_

If applicable, please indicate the name and SoonerCare ID for the Group provider agreement.

\_\_\_\_\_

Please include all information and documentation (*such as proof of timely filing, etc.*) when submitting the request. Settlement Agreement requests submitted without this information will be returned to the submitter for corrections, which shall delay the request.

Signature of Provider \_\_\_\_\_  
(Individual Provider or the authorized signature for Group Provider)

Print Name and Title: \_\_\_\_\_

\_\_\_\_\_

Point of contact for questions regarding this settlement request

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_