



Provider Enrollment Application - Authorized Signatures

This reference guide outlines the individuals authorized to sign the sections of the Provider Enrollment application that require signatures.

IHCP Provider Agreement

The IHCP Provider Agreement outlines the requirements for becoming an IHCP provider. It includes provider responsibilities such as updating provider information, protecting patient health information, and meeting requirements for claim processing, overpayments, and record retention. In addition, the agreement details obligations related to the appeals process, regulatory compliance, utilization control, ownership and control, and disclosure requirements.

- Billing and Group Providers** The *Provider Agreement* section of the application must be signed by an owner, managing individual, or board member listed in the ***Individuals with an Ownership or Control Interest and Managing Individuals*** section of the Billing or Group application.
- Rendering Providers** The *Provider Agreement* section of the Rendering provider application must be signed by an owner, managing individual, or board member listed in the ***Individuals with an Ownership or Control Interest and Managing Individuals*** section of the Group provider's profile where the rendering provider is delivering services.
- OPR Providers** The *Provider Agreement* section of the Ordering, Prescribing, and Referring (OPR) provider application must be signed by the enrolling provider.

Figure 1: IHCP Provider Agreement – Authorized Signature

The screenshot shows the 'IHCP Provider Agreement' form. The 'Authorized Signature' section includes fields for 'Signature First Name' (XXJohn) and 'Signature Last Name' (XXSmith). Below this is the 'Individuals with an Ownership or Control Interest and Managing Individuals' section, which contains a table of disclosed entities.

Name of individual	Disclosure Type	SSN	Birth Date	Action
XXSMITH, XXJOHN	Ownership and Control, Managing Individuals	*****3333	1/1/1980	Remove
Click to add disclosed entity				

Acceptance Page

The Acceptance Page, also referred to as the Terms of Agreement, serves as an acknowledgment that all information provided is true and accurate and binds the provider to the terms associated with the application.

Billing and Group Providers The *Acceptance* section of the application must be signed by an owner, managing individual, or board member listed in the ***Individuals with an Ownership or Control Interest and Managing Individuals*** section of the Billing or Group application. The *Acceptance* section may also be signed by a delegated administrator identified on the application.

Rendering Providers The *Acceptance* section of the Rendering provider application must be signed by an owner, managing individual, or board member listed in the ***Individuals with an Ownership or Control Interest and Managing Individuals*** section of the Group provider's profile where the rendering provider is delivering services.

OPR Providers The *Acceptance* section of the OPR provider application must be signed by the enrolling provider.

Figure 2: Provider Enrollment Acceptance Section – Authorized Signature

The screenshot displays the 'Provider Enrollment: Acceptance' page. It includes a navigation menu on the left with links for 'Welcome', 'Request Information', and 'Search'. The main content area is titled 'Instructions' and contains text about accepting the application terms. Below this, there is an 'Authorized Signature' section with two input fields: '*Signature First Name' (containing 'XXJohn') and '*Signature Last Name' (containing 'XXSmith'). Below the signature fields are fields for 'Title' and 'Agreement Date' (02/10/2026). The next section is 'Individuals with an Ownership or Control Interest and Managing Individuals', which includes instructions and a table with columns: Name of individual, Disclosure Type, SSN, Birth Date, and Action. A table row shows 'XXSMITH, XXJOHN' with 'Ownership and Control, Managing Individuals' as the disclosure type, SSN '*****3333', and Birth Date '1/1/1980'. Below this is the 'Delegated Administrator Information' section, which includes instructions and a table with columns: First Name, Last Name, Full Name, and Action. A table row shows 'XXJANE' as the first name, 'XXJOHNSON' as the last name, and 'XXJANE XXJOHNSON' as the full name.

Authorized Signature

*Signature First Name: XXJohn *Signature Last Name: XXSmith

(Entering your name in the fields above will constitute your acceptance of the terms and conditions of the IHCPC Provider Agreement.)

Individuals with an Ownership or Control Interest and Managing Individuals

Please list all individuals with an ownership or control interest in the applicant. If the applicant is a not-for-profit entity, please list the board members and advisory board. Not for-profit providers must also list their board members. Individuals: a general manager, business manager, board member, or other individual who has a significant financial interest in the applicant. If the provider is a high risk provider, a board member must report fingerprint background check information when enrolling and revalidating enrollments.

* Indicates a required field.

Click "+" to view or update the details in a row. Click "-" to collapse the row. Click **Remove** to remove the entire row.

Name of individual	Disclosure Type	SSN	Birth Date	Action
XXSMITH, XXJOHN	Ownership and Control, Managing Individuals	*****3333	1/1/1980	Remove

Delegated Administrator Information

Delegated administrators are individuals granted authority to submit and complete applications or revalidations via the portal upon initial enrollment, or to submit applications or maintenance requests on paper. A signature of an authorized official, or owner is required to authorize or delegate the administrator(s) listed below on the IHCPC Provider Agreement page. The delegated administrator may not sign the IHCPC Provider Agreement. The Provider Agreement must contain the authorized official's or the owner's electronic signature, as well as indicate they authorize the delegated administrator(s) listed below.

First Name	Last Name	Full Name	Action
XXJANE	XXJOHNSON	XXJANE XXJOHNSON	Remove

For Billing and Group providers, the *Acceptance* section may also be signed by a delegated administrator.

IHCP Rendering Provider Agreement and Attestation Form

The *IHCP Rendering Provider Agreement and Attestation Form* outlines the requirements for becoming an IHCP rendering provider. It includes provider responsibilities such as updating provider information, protecting patient health information, and meeting requirements for claim processing, overpayments, and record retention. In addition, the agreement details obligations related to the appeals process, regulatory compliance, utilization control, ownership and control, and disclosure requirements.

This form must be signed by an owner, managing individual, or board member listed in the *Individuals with an Ownership or Control Interest and Managing Individuals* section of the Group provider's profile where the rendering provider is delivering services, as well as by the Rendering provider.

Figure 3: IHCP Rendering Provider Agreement and Attestation Form

IHCP Rendering Provider Agreement and Attestation Form

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As the rendering provider, I authorize the submission of this application and agreement. I understand that the Provider Enrollment application will be submitted electronically and that my original signature on this agreement will be submitted electronically. I understand that my signature on this agreement is required for the submission of this application and agreement. I understand that my signature on this agreement is required for the submission of this application and agreement. I understand that my signature on this agreement is required for the submission of this application and agreement.

Individuals with an Ownership or Control Interest and Managing Individuals

Please list all individuals with an ownership or control interest in the applicant. If the applicant is a not-for-profit entity, please list the board members, advisory board. Not for-profit providers must also list the following individuals: a general manager, a business manager, a board member, or a board member for all not-for-profit organizations. If the provider is a high-risk provider, the board member must refer to fingerprint background check information when enrolling and revalidating enrollments.

* Indicates a required field.

Click "+" to view or update the details in a row. Click "-" to collapse the row. Click **Remove** to remove the entire row.

Name of individual	Disclosure Type	SSN	Birth Date	Action
XXSMITH, XXJOHN	Ownership and Control, Managing Individuals	*****3333	1/1/1980	Remove

Provider Enrollment: Rendering Providers

Note: In order to file claims, you must have at least one rendering provider linked to your group. To link an existing IHCP-enrolled rendering provider to your group, use the Add feature on this page. To link a rendering provider new to IHCP, submit the rendering provider's enrollment application through the Portal and then link them to your group.

Click the **Remove** link to remove the row.

NPI	Provider ID	Name	Rendering Linkage Effective Date	License State(s)	Action
1122334455		XXKENT, XXCLARK	02/10/2026	IN	Remove

Total Records: 1