



Electronic Signature Agreement

Please ensure the 3 lines below are filled out completely.

This form is only for accessing previously approved enrollments. If an application is pending approval, this form CANNOT be used.

Attestation and Agreement:

The undersigned Individual and Authorized Signatory attest that they have entered into an agreement effective on the indicated date below. Both parties agree that an authorized representative of the facility has the authority to:

1. Sign and submit the electronic Illinois Department of Healthcare and Family Services Medical Assistance Provider Enrollment Trading Partner Agreement.
2. Maintain enrollment information through the HFS IMPACT Provider Enrollment Subsystem.

Individual/Facility Name	EIN / TIN / SSN	NPI / IMPACT Provider ID

Requestor's IMPACT User ID (email used to login to IMPACT)

Individual/ Authorized Signatory Signature	Date

Please return the completed form to IMPACT.Help@illinois.gov. Subject line of email should be "Electronic Signature Agreement."