

Vendor Certifications and ID Numbers

State of Licensure/Certification	ID Number	Type	Expiration Date

Other ID Numbers:

Type of Number	ID Number	Expiration Date
Medicaid Provider Number		

IMPORTANT: List all current licenses and attach copy of current license(s) for all types of service occupations that have licensing requirements, see the License Requirements List.

Employer/Client Acknowledgement and Signature

I understand that the services that I will receive are subject to Medicaid regulations and that I may not charge in excess of the amount agreed upon in this application.

Employer/Client Signature: _____ Date: _____

Vendor Acknowledgement and Signature

I understand and agree that this application will not be processed until the application is deemed complete by iLIFE. It is my responsibility to provide a complete application. I understand that the burden of producing adequate information in a timely manner for resolving doubts is my responsibility.

I certify that the information in this document and any attached documents is true, correct and complete. I understand and agree that any misrepresentation, misstatement or omission from this application, if discovered after Vendor participation has been awarded, may lead to suspension or termination of Vendor participation.

I understand that these services are provided under Medicaid regulations and that I may not charge in excess of the amount agreed upon in this application. After services have been performed per this agreement, invoices are due to iLIFE per the iLIFE Fiscal Agent Vendor Schedule.

Vendor Signature: _____ Date: _____