Electronic Network Systems, Inc.

Illinois Medicaid Enrollment Form

Please complete the required information below. A Medicaid provider number MUST be included for each provider. Mail of Fax completed forms to the address below. If you have questions, please contact the ENS Enrollment Department at 719-277-7545, option 5.

ENS, Inc.
ATTN: Enrollment Department
1755 Telstar Drive, Suite 400
Colorado Springs, CO 80920
Fax: 719-785-5290

Please complete the following information and return this form as instructed above.

Group Name:	Medicaid Group Number:
Address:	
City, State, Zip:	
Contact Person:	Phone Number:

Provider information.

Provider Name	Tax ID	Provider Number	Payee Code

Authorized Signature _____ Date _____

Enrollment Department
1755 Telstar Drive, Suite 400, Colorado Springs, CO 80920
Fax: 719-785-5290 Phone: 719-277-7545, option 5