

# Provider Enrollment Request Form for Settlement Agreement

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

OHCA Provider Enrollment

Fax: 405-530-3224

Email: [ProviderEnrollment@okhca.org](mailto:ProviderEnrollment@okhca.org)

*Please note: Prior to submitting this request, the provider must have an active SoonerCare agreement for the location and service type for which the settlement is requested and have submitted a claim for denial relating to the request. For hospital based claims, the rendering provider must also have an active SoonerCare agreement with OHCA.*

1. 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.
2. A settlement agreement may only be requested once per individual provider.
3. Reason for requesting this settlement agreement:
  - a. Provider has had an active provider agreement with OHCA within the past year and overlooked the execution of their renewal.  
Date that Provider's contract expired:
  - b. Provider is an out-of-state provider and was unaware member had SoonerCare until after the date of service.
  - c. Other (explain, including dates of services):

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

Provider Name:

SoonerCare ID:

SoonerCare ID for the Group (if applicable):

ICN (Internal Control Number)/OHCA Claim Number:

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Signature of Provider/Provider Representative  
(Individual Provider or the authorized signature for Group Provider)

Name:

Title:

Point of Contact for questions regarding this settlement request:

Name:

Telephone:

Email: