



Electronic Signature Agreement

Employer or Employing Entity Name	Employer Identification Number	NPI
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Individual Name (Doctor, Dentist, Nurse, etc.)	NPI
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The undersigned Individual and Employing Entity attest that they have entered into an agreement effective on the date indicated below. Both parties agree an authorized representative of the Employing Entity has the authority to sign and submit the electronic Illinois Department of Healthcare and Family Services Medical Assistance Provider Enrollment Trading Partner Agreement and to maintain enrollment information through the HFS IMPACT Provider Enrollment Subsystem. Email completed form to Impact.Help@Illinois.Gov

Individual Signature	Date
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Employing Entity Signature	Date
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Requestor's Single Sign-on User ID	Date
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