ILLINOIS DEPARTMENT OF Healthcare and Family Services

Electronic Signature Agreement

Employer or Employing Entity Name	Employer Identification Number	NPI

Individual Name (Doctor, Dentist, Nurse, etc.)	NPI

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.

Individual Signature	Date

Employing Entity Signature	Date

Individual Single Sign-on User ID	Date