



STATE OF NEW JERSEY

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Department of Children and Families Children's System of Care (CSOC)

The Enrollment Packet consists of:

1. This Application Cover Letter
2. Notice to Enrollee(s)
3. Request for National Provider Identifier (NPI)
4. Signature Authorization Form
5. Provider Application - FD-20
6. Provider Agreement - FD-62
7. Disclosure of Ownership and Control Interest Statement
8. W-9 Tax Form
9. Affirmative Action Survey (optional)
10. Authorization for Automatic Payments & Deposits
11. Agreement of Understanding

Completed enrollment packets are to be mailed, they CANNOT be FAXED to:

The Department of Children and Families
Children's System of Care
PO Box 717
50 E. State Street
Trenton, NJ 08625-0717

NJ Medicaid's fiscal agent, Gainwell Technologies Provider Enrollment Unit can be reached at 609-588-6036 if you have specific questions about completing forms.

November 2020