Wyoming Department of Health
Commit to your health.

Qualified Provider/ Qualifed Hospital Application

This is an application to become a Qualified Provider or Qualified Hospital in order to determine Presumptive Eligibility. Each staff member requesting to process Presumptive Eligibility applications will need to complete this application. Please complete and email or fax this application to the Medicaid Eligibility Unit at: eceligibilityunit@wyo.gov or 307-777-7085.

Questions about this application or the Presumptive Eligibility program should be directed to the Medicaid Eligibility Unit at: 307-777-3423.

PART I– Type of Organization

Check one:
___ Public Health Nursing Office
___ Federally Qualified Health Center
___ Medicaid Provider
___ Indian Health Service
___Hospital

PART II– Demographics

Applicant Name _____
Applicant Title _____
Applicant Work Number _____
FAX Number _____
Applicant Email Address _____

Clinic/Facility Name _____
Clinic/Facility Address _____
Clinic/Facility Mailing Address _____
City/ State/ Zip _____

Clinic/Facility Contact Person _____
Title _____
Contact Person Number _____
Contact Person Email _____

**You will receive an email from the Wyoming Department of Health with instructions on how to sign up for required training prior to becoming an approved Qualified Provider or Qualified Hospital.