



Qualified Provider/ Qualified 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
- Women's Resource 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.**