NM Provider/PED Participant User Guide



How Do I Update a Business License? Participant User Guide

NM Provider/PED Participant User Guide



1 Introduction

Users may update their Business License to an existing account in the Provider and Presumptive Eligibility Determiner (PED) Enrollment System.

2 Updating a Business License

To update a Business License on an existing account, do the following:

Step		Screenshot (if applicable)					
1.	Navigate to the Provider and Presumptive Eligibility Determiner (PED) Enrollment System Home page.	HEALTH CARE Workspace Office Ad ~ 🕜 Home 🖹 Applications					
2.	Select the Update an Account button.	Start an Application Application Account Application Status					
3.	Find the account that needs to be updated.	TILDROCK LL Noning facility intermediate Care failing Core failing Cor					
4.	Select the Update icon.	Image: Second state Image: Second state View Print Update Disenroll Add Affiliation					
5.	Select the City or County						
	License/Business Permits button.	Update Account ×					
		What would you like to update? Select all information you want to update in your account before you Province School Based Health Center (Non- Real LING STORE COUNSELING PLLC Approval Date: 01/30/2025 NP: 1184/070/2 Account Type: 1184/070/2 Account ID: N0001370					
		Practice Information					
		😲 Taxonomy 🗎 Requested Begin Date 📴 Professional Licenses, Attestations, Certificates & Lab Services					
		RAR High-Fidelity Wrap Around					
		Business Information					
		Business Information Addresses					
		🔂 Legal Name 🖬 Doing Business As (DBA) 🖾 Mail to Address					
		🕞 City or County License/Business Permits 📞 Contact Person 🖺 Billing Address					
		& Claims Contact Person & Business Phone number					
		Provider Directory					
		Legated Officials					
		HE Insurance					
		C General Liability Insurance					



6.	Select the Create Application button.	Create Application	
7.	Navigate to the Business Information		
	section.	Content	xpand All
		Account Information	•
		🔁 Type of Change	•
		Business Information	0
)	0
		Ø Signature	0
		도 [↑] Submit Application	0
		Cancel Application	
8.	Select the Edit button.	TIN/EIN & City or County License	
8.	Select the Edit button.	TIN/EIN & City or County License TIN/EIN & City or County License This is a summary of the Business Profile sub-form to review all the Information you have entered. Let's check it again to avoid any possible mistakes.	
8.	Select the Edit button.	TIN/EIN & City or County License Summary This is a summary of the Business Profile sub-form to review all the information you have entered. Let's check it again to avoid any possible mistakes. Image: Summary: Business Profile	Next →
8.	Select the Edit button.	TIN/EIN & City or County License	Next ->
8.	Select the Edit button.	TIN/EIN & City or County License Image: Tin/EIN & City or County License Image: Tin/EIN & City or County License Image: Tin/EIN & City or County License Provider Federal Tax Identification Provider Federal Tax Identification Provider Federal Tax Identification Provider Federal Tax Identification	Next ->
8.	Select the Edit button.	TIN/EIN & City or County License Image: Tin/EIN & City or County License Image: Tin/EIN & City or County License Image: Tin/EIN & City or County License Provider Federal Tax Identification Number (TiN) or Employer Identification Image: Tin/EIN & City or County License Provider Federal Tax Identification Number (TiN) or Employer Identification Image: Tin/EIN & City or County License Image: Tin/EIN & City or Engloyer Image: Tin/EIN & C	Next >
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9. Update the Business License		0		
information and select the Next	<u>TIN/EIN</u>	& City or County License	Summary	
button		I need additional information.		
Batton.		Please attach clear copies of your documentation.	•	
	Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	13-1233123		
	City or County License Number			
		City or County License Number O Required value		
		Please attach @your City or County License		
		Createred Library		
	Expiration date	City or County License exp Date Required value		
	Provider's Website URL	www.gdit.com		
	Ptease include all local business permits			_
				+ Add
	Permit Name	No business permits are listed	Document	Actions
	Please attach & your Federal Tax ID Letter			
	Creg and drop here or SCHEGE SMSS Macorum			*
				_
	← Back			Next >
10. Complete the Signature section.	Content Intended			
Note : This section will have you		← Electronic Signature	0	0
electronically sign for the application.	C 1999 Clark	Verle street, ready to	cliptetare	Samey
	P Opulari	Loss traus and a final sector of the sector	soding and submitting your application through NM forcia and not on only digenerate feature, you can submit this application (see The your has Provider Ferlinguidor Agricement Declarations below and Uber creak i	poper, paur signature a stall assistant digamanin Inte books do declare that you
	El fatera Application	Liberate Benance, associated that pagement of claims will be horn feel proseculed area related and concerns.	bend and alate hands and hus, any fall-Hadain or concentrent of a m	alerial feed may be a frequent value
		(to)		II Tan 5
11. Complete the Submit Application	Content Expand All			
section.		2.	0	
Note : The application will be sent	Type of Change Business Information	You have completed all supplemental charges that users appealing	Submit Application	that all updates are correct. Please
Medicaid for review	Ø Signature	Once submitted this supplemental application will be sent to HCA	ib Medicaid for approval.	
incultura for review.	Submit Application	Supplemental Change	Old Value New Value	Action Taken
	Cancel Application	N/A	N/A	Added >
		Please explain Please include all local business permits	Tursf N/A	Added →
		Please explain	vdvd	Added >
		Declarations	• •	•
		I understand that payment of claims will be from federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state law.		Added 🔸
		Let's submit your application.	Hease review each section to ensure completion	of your
			Business Information	
		(Rek		Submit Application