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NPI: 1992752224

Provider Name: SPRINGFIELD CLINIC SURGERY CENTER

PO BOX 19248

SPRINGFIELD

IL 62794

Dear SPRINGFIELD CLINIC SURGERY CENTER :

Welcome to the Illinois Medicaid Program. You are receiving this e-mail because the application that you submitted through the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) has been approved. If you are providing services for multiple state agencies, you will be receiving additional correspondence once your application has been approved by each individual agency.

If operating as a billing agent, then you are an enrolled provider under the terms and conditions of the Provider Enrollment and Trading Partner Agreement and you may now submit claims for services rendered to Illinois Medicaid beneficiaries.

You must update any enrollment or mailing address changes in IMPACT, when offices and service locations are closed or when new locations open. If you have any questions about the Illinois Medicaid Program Advanced Cloud Technology (IMPACT), please contact 1-877-782-5565 or reply to this email.

The State of Illinois appreciates your participation in providing services to the citizens of Illinois.