

Approving a Prior Submission:

Providers who have no changes to the data we have on file can download a copy of the Excel File Approval Template from the main webpage. Please provide the facility information and the contact information for the person approving the submission.

- Submit your Excel File as follows:
 - File name – please use this format: CompanyName_Date(MM-DD-YY)_FRVSSurveyApproval. Example: SandersHealthcare_01-31-17_FRVSSurveyApproval
 - Subject Line: please type the filename on the Subject Line

Email to: NH.Reimbursement@AHCA.MyFlorida.com