

## PROVIDER CHOICE

By applying your signature to this document, you acknowledge that you have freely chosen Ability Unlimited as your provider of services and acknowledge that other providers are available to you.

Ability Unlimited agrees to be the provider of services covered by Medicaid and Medicaid waivers and is only the service provider for the items listed in the service authorization approved by DMAS or your MCO.

Any projects that you negotiate outside of the service authorization, will be your own responsibility.

Other providers of these services can be found on the DMAS website:

[http://www.dmas.virginia.gov/files/links/1501/List%20of%20EM%20%20AT%20FFS%20Providers%20\(05.01.2018\).pdf](http://www.dmas.virginia.gov/files/links/1501/List%20of%20EM%20%20AT%20FFS%20Providers%20(05.01.2018).pdf)

online or from you Care Coordinator:

<https://www.uhccommunityplan.com/va/medicaid/cc-plus.html>

<https://www.anthem.com/health-insurance/provider-directory/searchcriteria?brand=ABCBS&planstate=VA&plantype=MEDICAID&planname=Anthem+HealthKeepers+Plus+CCC%2B>

<https://www.findadoctor.virginiapremier.com/#a>

<https://www.aetnabetterhealth.com/virginia/find-provider>

[https://www.optimahealth.com/documents/directories/optima\\_ohcc\\_directory.pdf](https://www.optimahealth.com/documents/directories/optima_ohcc_directory.pdf) <https://>

[mccofva.com/cc-plus/for-members/my-plan/printed-provider-directories/](https://mccofva.com/cc-plus/for-members/my-plan/printed-provider-directories/)

You may change your choice at any time by letting **Ability Unlimited** know, **IN WRITING**, of your desire to switch.

Ability Unlimited

Phone: 800-511-9471

Website: [www.abilityunlimited.net](http://www.abilityunlimited.net)

Recipient's Name

Submission ID



Authorized Signer's Email Address

Authorized Signer's Phone Number

### CONSENT

Print Authorized Signer's Full Name

Date

Please sign below  
to indicate Ability  
Unlimited as your  
Provider of Choice