

**State of Florida
Agency for Health Care Administration
Florida Medicaid Provider Surety Bond**

Florida Medicaid Provider Number or Tax ID _____ **Bond Number** _____

Know all men by these presents that

_____ d/b/a _____
(Provider's Name)

with its place of business at _____
(Provider's Physical Address)

City of _____, County of _____, State of _____, as principal,
and _____, a corporation organized and existing under the laws of
(Surety name)

the State of _____, with its principal place of business at _____
(Surety Address)

City of _____, County of _____, State of _____ and licensed to transact a surety business in the State of Florida, as surety, are indebted to the State of Florida, Agency for Health Care Administration (AHCA), in the penal sum of Fifty Thousand Dollars (\$50,000), for which payment principal and surety bind ourselves and our legal representatives and successors, jointly and severally.

The condition of this obligation is that principal is a Florida Medicaid provider as defined in §409.901(17), Florida Statutes (Fla. Stat.), and is required by the Agency, pursuant to §409.907(7), Fla. Stat., to post a surety bond in the amount of \$50,000 to insure compliance with the attached provider agreement, pursuant to §409.907, Fla. Stat.

If principal and all of principal's agents and employees faithfully conform to and abide by the provisions of the above statute, implementing regulations and bulletins, together with all amendatory and supplementary acts, now and hereafter enacted, and if principal honestly and faithfully applies funds received, and faithfully and honestly performs all obligations and undertakings made pursuant to the provisions of such statute in the conduct of provider Medicaid services by principal and by principal's agents and employees, then this obligation shall be null and void; otherwise, it shall be in full force and effect.

1. The total aggregate liability of the surety shall be limited to the sum of \$50,000 Dollars.
2. This bond and the obligation under the bond shall be deemed to run continuously, and shall remain in full force and effect for one year until and unless the bond is terminated and canceled in the manner provided, the Florida Medicaid provider agreement expires, or as otherwise provided by law.
3. Surety reserves the right to terminate this bond at any time, such termination to be effected by surety's giving sixty (60) days written notice, including reason, by certified or registered mail to: The principal and HP Enterprise Services Provider Enrollment, 2671 Executive Center Circle, Suite 100, Tallahassee, FL 32301. The liability of surety on this bond shall cease sixty (60) days after receipt of the termination notice by Agency and principal, or on the filing and acceptance of a new bond whichever first occurs; and the bond shall terminate and be of no further force or effect, except as to any liability, debt, or other obligation incurred or accrued prior to the effective date of such termination. The principal insured under the bond shall, within thirty (30) days of the filing of the notice of termination, provide HP Enterprise Services Provider Enrollment with a replacement bond.

