Encounter Data Signature Authorization Form

Contracted Plan Name: ____________________________  NPI Number: ____________________________

Encounter Data transaction information submitted to DMA must be certified by one of the following:

Chief Executive Officer (CEO)

Chief Financial Officer (CFO); or

Any individual who has delegated authority to sign for and reports directly to the CEO or CFO.

___________________________  ____________________________
Print Name of CEO/CFO        Print Title of CEO/CFO

___________________________  ____________________________
Signature                   Date

As CEO/CFO I authorize the following designated person to certify encounter data transactions:

Full name and title of the person other than the CEO/CFO identified above who has delegated authority to sign for and who reports directly to the CEO/CFO, and to certify the data and information submitted to NC DMA.

___________________________  ____________________________
Print Name                   Print Title

___________________________  ____________________________
Signature                   Date

Please submit more than one form if more than one person is delegated to complete the Encounter Data Certification form.

Send this complete original Signature Authorization form to:

Christal Kelly, MBA
Associate Director of Provider Reimbursement
Division of Medical Assistance
333 E. Six Forks Road, Suite 200
Raleigh, NC 27609

Christal.Kelly@dhhs.nc.gov

NC Department of Health and Human Services
Division of Medical Assistance
July 7, 2017 v.2