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
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