



July 16, 2020

## Request to Opt-in Form

We are informing you that Alliance contracted providers now have the option of receiving and executing amendments electronically. The Alliance will be utilizing this option for executable amendments this year, and we'd like to confirm if you'd like to participate in this option.

If you have not submitted a Request to Opt-in form yet and are interested in taking advantage of this option with future amendments, please fill out and return the enclosed Request to Opt-in form. **Completed forms can be faxed back to the Alliance at (831) 430-5857 or sent via email to [pscontracts@ccah-alliance.org](mailto:pscontracts@ccah-alliance.org)**

If you have any questions, please contact an Alliance Provider Relations Representative at (800) 700-3874 ext. 5504.



## Request to Opt In – Electronic Transmission

Central California Alliance for Health (Alliance) contracted providers may elect to receive and execute contract amendments electronically. If you are interested in utilizing this option for future executable amendments, please provide the information requested on this form. **Please note, noticing amendments will not be transmitted via email.** Fields marked with \* are required.

Contracted Entity Legal Business Name\*: \_\_\_\_\_

Tax ID #\*: \_\_\_\_\_

Billing NPI(s)\*: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

Email contact name\*: \_\_\_\_\_

Email contact title\*: \_\_\_\_\_

By signing below, you confirm that the Alliance is permitted to transmit executable amendments to contracts held by the contracted entity referenced above to the email address included above. Additionally, you acknowledge that you have the authority, on behalf of the contracted entity referenced above, to provide this information to the Alliance or to request a modification to information previously provided to the Alliance. You also agree to immediately notify the Alliance should any of the information provided above change.

Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

Print Name\* \_\_\_\_\_ Title\* \_\_\_\_\_

Phone \_\_\_\_\_