



Michigan Department of Community Health
Electronic Signature Agreement



| | | |
|-----------------------------------|--------------------------------|-----|
| Employer or Employing Entity Name | Employer Identification Number | NPI |
|-----------------------------------|--------------------------------|-----|

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|--|-----|
| Individual Name (Doctor, Dentist, Nurse, etc.) | NPI |
|--|-----|

The undersigned Individual and Employing Entity attest that they have entered into an agreement effective on the date indicated below. Both parties agree an authorized representative of the Employing Entity has the authority to sign and submit the electronic Michigan Department of Community Health Medical Assistance Provider Enrollment Trading Partner Agreement and to maintain enrollment information through the MDCH CHAMPS Provider Enrollment Subsystem.

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|----------------------|------|
| Individual Signature | Date |
|----------------------|------|

| | |
|----------------------------|------|
| Employing Entity Signature | Date |
|----------------------------|------|

"Michigan Department of Community Health is an equal opportunity employer, services and programs provider."