

Signature Authorization Form

Contracted Plan

Name _____ DMAP Assigned Plan Number: _____

encounter data and pharmacy transaction information submitted to OHA must be certified by one of the following:

Chief Executive Officer (CEO),
Chief Financial Officer (CFO), or
An 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(s) to certify encounter data and/or pharmacy transactions:

Full name and title of the person(s) other than the CEO or CFO identified above who has delegated authority to sign for and who reports directly to the CEO or CFO, and to certify the data and information submitted to OHA:

Print Name

Print Title

Signature

Date

(Submit more than one form if more than one person is delegated to complete the Encounter Data Certification and Validation Report Form)

Content and Timing of Certification: The Encounter Data Certification and Validation Report Form must attest, based on best knowledge, information and belief, as follows:

1. To the accuracy, completeness and truthfulness of the data and/or information submitted to OHA,
2. To the accuracy, completeness and truthfulness of the information contained in this Encounter Data Certification and Validation Report Form and
3. The Encounter Data Certification and Validation Report Form must be submitted concurrently with Contractor's certified data.

Send this complete, original Signature Authorization Form to your Encounter Data Liaison. Contractor must complete a new Signature Authorization Form immediately each time there is a change to any one of the designated certifying person(s).