



**OKLAHOMA**  
Health Care Authority

**APPENDIX A**

*Health-Care Providers for Whom Group Receives Payment*

**Group Name:** \_\_\_\_\_ **Oklahoma Medicaid Group:** \_\_\_\_\_  
(10 digit group ID)

**Group FEIN:** \_\_\_\_\_ **NPI:** \_\_\_\_\_  
(Federal Employer Identification Number)

By signing this document, each PROVIDER appoints the above-named GROUP as his or her agent for receipt of payment for Medicaid-compensable health-care services and directs the Oklahoma Health Care Authority (OHCA) to make all such payments to GROUP in keeping with the Agreement attached hereto, regardless of any other Agreement PROVIDER has with OHCA. No payments will be made directly to the rendering provider. Each PROVIDER accepts all terms and conditions in the attached Agreement

<b>Effective Date:</b> _____ <small>(Date provider appoints the above group to receive payments)</small>	<b>NPI:</b> _____
<b>Provider Name:</b> _____ <small>(Last) (First) (Middle) (Title)</small>	
<b>Oklahoma Medicaid Provider ID:</b> _____	<b>SSN:</b> _____
<b>Provider Signature:</b> _____	<b>Date:</b> _____

<b>Effective Date:</b> _____ <small>(Date provider appoints the above group to receive payments)</small>	<b>NPI:</b> _____
<b>Provider Name:</b> _____ <small>(Last) (First) (Middle) (Title)</small>	
<b>Oklahoma Medicaid Provider ID:</b> _____	<b>SSN:</b> _____
<b>Provider Signature:</b> _____	<b>Date:</b> _____

<b>Effective Date:</b> _____ <small>(Date provider appoints the above group to receive payments)</small>	<b>NPI:</b> _____
<b>Provider Name:</b> _____ <small>(Last) (First) (Middle) (Title)</small>	
<b>Oklahoma Medicaid Provider ID:</b> _____	<b>SSN:</b> _____
<b>Provider Signature:</b> _____	<b>Date:</b> _____

<b>Effective Date:</b> _____ <small>(Date provider appoints the above group to receive payments)</small>	<b>NPI:</b> _____
<b>Provider Name:</b> _____ <small>(Last) (First) (Middle) (Title)</small>	
<b>Oklahoma Medicaid Provider ID:</b> _____	<b>SSN:</b> _____
<b>Provider Signature:</b> _____	<b>Date:</b> _____

Appendix A Page \_\_\_\_\_ of \_\_\_\_\_