



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

New Hampshire Medicaid Program

Managing/Directing Employee Appointment or Removal

Please print, sign, and fax this form to Conduent to make changes to your existing Provider ID file or Enrollment Application. The NH Medicaid Provider Relations secure fax: 1-866-446-3318.

A separate form is required for each Managing/Directing Employee. An owner can be a Managing/Directing Employee.

The Managing/Directing Employee will have all the authority of an Authorized Representative as well as the authority to sign for the following:

Financial/EFT Updates
Banking Information Updates
Billing Agents/RA updates
Trading Partner Updates
Group Name Change
Signature Page authorization

Ownership Updates
Board of Director Updates
Managing/Directing Updates
Authorized Rep Updates
Pharmacists In Charge Updates

It is the responsibility of Providers that participate in the NH Medicaid Program to notify the NH DHHS Medicaid fiscal agent of any changes to information on your account within 30 days of the effective date of the change.

*** Required Fields**

*** Check appropriate box:** Add Managing/Directing Employee Remove Managing/Directing Employee

Either/Or

* Group NH Medicaid ID:	* Enrollment ATN:
* Group Name:	Doing Business As (DBA) Name <i>(if applicable)</i> :

* Employee Last Name:	* Employee First Name:	Middle Initial:	* Date Of Birth:
* Business Street Address:	* City:	* State:	* Zip:
* Title/Positon:	* SSN:		
* Signature of Managing/Directing Employee:	* Date:		

I certify that I am the individual practitioner or one of the identified authorized signees for the group who is assigning the "Authorized Representative" for the NH Medicaid Provider:

- For Group: Signature of Owner, CEO, General Partner, or Board Officer

* Approver Name - Printed:	* Title/Positon:
* Approver Signature:	* Date: