

Notice of Representation (General)

IMPORTANT: This notice *must* be filed by all facilities. The form should be completed by the provider and the general representative.

Provider's Name <input style="width: 95%;" type="text"/>	Address: <input style="width: 95%; height: 60px;" type="text"/>
Medicaid Provider No. <input style="width: 95%;" type="text"/>	

Effective(date) the above referenced provider designated:

as its general representative, pursuant to V.D.R.S.R. §1.11, to represent the provider in all matters before the Division for which no special representative is designated. The provider understands that all communication from the Division on these matters, whether written or oral, will be made to the general representative.

This supersedes a previous *Notice of Representation(General)*. No Yes dated

(If signed by a corporate officer, partner, or fiduciary on behalf of the provider, I certify that I have the authority to make this designation of representation.)

Signature of/for Provider: _____ Date:

Name(print): Title:

Declaration of Representative

I acknowledge my designation as general representative for the above referenced provider, pursuant to V.D.R.S.R. §1.11. I understand that all communication on these matters will be made to me at the address and telephone numbers(s) set out below. I declare that I am: (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> the provider's owner
<input type="checkbox"/> the provider's agent
<input type="checkbox"/> the provider's administrator | <input type="checkbox"/> a licensed attorney
<input type="checkbox"/> a licensed accountant
<input type="checkbox"/> a registered accountant |
|---|--|

Signature of Representative: _____ Date <input style="width: 200px;" type="text"/>	Name and Address of Representative: <input style="width: 95%; height: 50px;" type="text"/> Telephone No.: <input style="width: 150px;" type="text"/> FAX No.: <input style="width: 150px;" type="text"/>
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For Division of Rate Setting use only.

Notice filed on: (date stamp)	cc: Provider on _____ Provider's general representative on _____
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