



## Request to Opt In – Electronic Transmission

Central California Alliance for Health (Alliance) contracted providers may elect to receive and execute contract amendments electronically. If you are interested in utilizing this option for future executable amendments, please provide the information requested on this form. **Please note, noticing amendments will not be transmitted via email.** Fields marked with \* are required.

Contracted Entity Legal Business Name\*: \_\_\_\_\_

Tax ID #\*: \_\_\_\_\_

Billing NPI(s)\*: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

Email contact name\*: \_\_\_\_\_

Email contact title\*: \_\_\_\_\_

By signing below, you confirm that the Alliance is permitted to transmit executable amendments to contracts held by the contracted entity referenced above to the email address included above. Additionally, you acknowledge that you have the authority, on behalf of the contracted entity referenced above, to provide this information to the Alliance or to request a modification to information previously provided to the Alliance. You also agree to immediately notify the Alliance should any of the information provided above change.

Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

Print Name\* \_\_\_\_\_ Title\* \_\_\_\_\_

Phone \_\_\_\_\_