

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Office of MaineCare Services - Value-Based Purchasing
11 State House Station
Augusta, Maine 04333-0011
Toll Free: (866) 796-2463; TTY: Dial 711 (Maine Relay)
Fax: (207) 287-3373

**Department of Health and Human Services
MaineCare
Primary Care Case Management
Provider Agreement Rider**

This Rider (hereinafter the “Rider”) is made the date below signed by the State of Maine Department of Health & Human Services (hereinafter the “Department”), the single State agency designated to administer or supervise the administration of MaineCare:

Provider Pay-to Name

Provider Pay-to NPI

Hereinafter the (“Primary Care Case Management Primary Care Provider”) doing business as:

Provider Service Location Name

Located at: _____
Location Physical Address

This Rider is effective upon _____ (Date) and remains effective until terminated by either party as set forth in Paragraph 10 of the Terms and Conditions.

Authorized Signatures

In witness thereof, and as consent to the entire Rider, the parties herein have executed this Rider and ratified it by their signatures found below.

Provider

(In the case of a partnership, the Rider is not effective until all partners have signed.
In the case of a corporation, the Rider is not effective until signed by a corporate official authorized to bind the corporation in such agreement.)

By: _____
Primary Care Provider Authorized Signature Title

Provider Name (printed) Date

For DHHS use only: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Follow up (Attach notes)	
_____ Managed Care Program Manager Signature	_____ Date
_____ Director Signature	_____ Date

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