Print Form

Agency of Human Services
Division of Rate Setting
103 South Main Street
Waterbury, Vermont 05671-2201

Notice of Representation (Special)

IMPORTANT: This form should be completed by the provider and the special representative and filed with the Division before the representative takes any action in the below referenced matter.

Provider's Name

Address:

Medicaid Provider No.

Effective(date) the above referenced provider designated:

as its special representative, pursuant to V.D.R.S.R. §1.11, to represent the provider in the following matter before the Division. (Be specific. Include only one matter on each form.)

This supersedes a previous *Notice of Representation (Special)* filed for this matter. ☐ No ☐ Yes dated

The provider understands that all communication from the Division on this matter, whether written or oral, will be made to the special representative.

(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 special representative for the above referenced provider in the above referenced matter, pursuant to V.D.R.S.R. §1.11. I understand that all communication on this matter will be made to me at the address and telephone numbers(s) set out below. I declare that I am: (Check all that apply.)

☐ the provider's owner
☐ the provider's agent
☐ the provider's administrator
☐ a licensed attorney
☐ a registered accountant
☐ a licensed accountant

Signature of Representative:

_____

Date

Name and Address of Representative:

Telephone No.:

Rep FAX No.:

For Division of Rate Setting use only.

Notice filed on:
(date stamp)

cc: Provider on _____
Provider's general representative on _____