



Vendor Agency New Contracted Code(s) Request Form

This form is for CLINICAL CODES ONLY

Person Requesting Code(s) Change

Name: _____ Title: _____

Vendor Agency: _____ E-Mail: _____

Clinical Supervisor _____ Licensure: _____

Code(s) to be added to contract:

CCNY Use Only:

Code #	Staff Member, License Type, License #, License Expiration Date	Date Requested for Activation:	Date of Activation in Fidelity EHR:	Date of Activation in FF:

By signing below you are stating that you have read the Vendor Code Manual descriptions for the codes you are requesting be added to your Agency's contract and agree to follow all requirements as stated in the Vendor Code Manual. See link right below this line, for NYS Office of Professions website <http://www.op.nysed.gov/prof/>

Approval of Vendor Code(s) Change Request

The above request cannot be processed until this section is complete.

(Signature)

Name (Print)

(Date)

(Title)

Verification of Vendor Code(s) Change Request

I verify that the above-described provider(s) have been activated in Fidelity EHR and Family First according to the above instructions.

CCNY(Signature)

CCNY Name (Print)

(Date)

* This form can be sent to CCNY via email (jrooney@ccnyinc.org) or fax (716)855-0004 attn: John. A scanned copy of this completed form will be emailed back to you as confirmation of new code activation.*