



# Vendor Agency New Contracted Code(s) Request Form

**\*This form is for NON-CLINICAL CODES ONLY\***

## Person Requesting Code(s) Change

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Vendor Agency: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Code(s) to be added to contract:

*CCNY Use Only:*

Code #	Reason for Codes Addition to Contract	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.

### 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 code(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 ([dnichy@ccnyinc.org](mailto:dnichy@ccnyinc.org)) or fax (716)855-0004 attn: Doug. A scanned copy of this completed form will be emailed back to you as conformation of new code activation.\*