



Vendor Agency Contracted Code(s) Request Form

This form is REMOVING 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 Removal	Date Requested for Deactivation:	Date of Deactivation in Fidelity EHR:	Date of Deactivation in FF:

By signing below you are stating that you have read the Vendor Code Manual descriptions for the codes you are requesting be removed from your Agency's contract.

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 deactivated 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 code deactivation.*