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:**

<table>
<thead>
<tr>
<th>Code #</th>
<th>Reason for Codes Removal</th>
<th>Date Requested for Deactivation:</th>
<th>Date of Deactivation in Fidelity EHR:</th>
<th>Date of Deactivation in FF:</th>
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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.*