



New Hampshire Medicaid Program

Billing Agent Agreement

All Providers that use a billing agent or clearing house must sign the Billing Agent Agreement.

*** Required Field**

If you utilize a Billing Agent or Clearinghouse please verify that you checked 'Yes' in the Third Party Billing segment of Section 4 of your enrollment application and correctly completed the Billing Agent/ Clearinghouse segment in Section 6, then complete the information below.

Billing Agent/Clearinghouse

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I authorize the entity identified above to submit claims and/or other electronic transactions on my behalf as specified in Section 6 of my application. This authorization includes conducting any necessary follow-up with the NH Title XIX fiscal agent relative to submitted transactions. I understand that all payments will be made to me; Remittance Advices (RAs) will be delivered via the delivery media I selected in Section 4 of my application; and this agreement does not exempt me from the responsibility for claims filed on my behalf in accordance with established NH Title XIX billing policies. I further understand that the billing agent is held accountable to the same requirements of confidentiality and access to records that I am, as reflected in my agreement with the NH Title XIX Program. I will immediately notify the NH Title XIX fiscal agent of any change to this authorization.

Provider Name	Provider/Authorized Representative Signature	Date Signed *			
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