

Payer Opt-Out Certification



CONTACT INFORMATION

First Name

Last Name

Title

Suffix

ADDRESS

Payer Name

Street Address

City

State

Zip Code

Country

E-Mail Address

Phone Number

Payer FEIN

I am a duly-authorized representative of the above-named payer and hereby certify, under penalty of perjury, as follows:

1. Exhibit A, consisting of ___ sheets, is a complete listing of all of our clients that have adult or child covered lives in the State of Alaska.
2. Attached for each such client is a signed authorization form from a duly-authorized client representative specifically authorizing us to opt out of the program for calendar year 2017. Each authorization was obtained after we had advised the client, in writing, that their beneficiaries will not have the benefit of state-supplied vaccine in 2017 and; therefore, may need to find alternative sources of supply.
3. Payer opts out of AVAP, understanding this election has no effect after December 31, 2017.

/s/ _____ Date: _____

NOTARIAL CERTIFICATE

STATE OF _____
COUNTY OF _____

Personally appeared the above-named individual and certified that he/she is a duly authorized representative of payer and has completed this certification as his/her free and voluntary act for the purposes therein expressed.

/s/ _____ Date: _____

My commission expires: _____
[Date]

You must submit this form with attachments in .pdf format by end of day October 14, 2016 to:

Help@AKvaccine.org Please include: 1) This Form; 2) Exhibit A; 3) On a separate piece of paper a brief description of your entity's plan for providing vaccine access independent of state-supplied vaccine as opt-out payers will no longer be allowed to utilize state-supply as of January 1, 2017.

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EXHIBIT A

| Payer Name | Client Name & Address | Client Contact Information | Monthly Covered Lives | |
|------------|-----------------------|------------------------------|-----------------------|-------|
| | | | Child | Adult |
| | | Phone: _____ Email: _____ | _____ | _____ |
| | | Phone: _____ Email: _____ | _____ | _____ |
| | | Phone: _____ Email: _____ | _____ | _____ |
| | | Phone: _____ Email: _____ | _____ | _____ |
| | | Phone: _____ Email: _____ | _____ | _____ |
| | | Phone: _____ Email: _____ | _____ | _____ |
| | | Phone: _____ Email: _____ | _____ | _____ |
| | | Phone: _____ Email: _____ | _____ | _____ |
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