



Agreement Amendment Letter

I, _____, a dually authorized administrator of _____ is hereby notifying InteCare, Inc. that changes have occurred effective _____ within our group or organization since the Agreement has been executed. These changes include the following:

Change of Category (Please check)	Category	Original Name, Number or Address	Changed To (New)
<input type="checkbox"/>	Name of Business		
<input type="checkbox"/>	Tax Identification Number		
<input type="checkbox"/>	Pay to Address		
<input type="checkbox"/>	Mailing Address		
<input type="checkbox"/>	Physical/Service Location		
<input type="checkbox"/>	IHCP Number		
<input type="checkbox"/>	NPI Number		
<input checked="" type="checkbox"/>	Other: ___Name Change _____ _____		

These changes were created due to _____

I reaffirm that our Organization or Group remains bound by and compliant with the terms and conditions as set forth in the current executed contract, as amended, and further affirm and attest that our organization and its employees or contractors are not on the exclusion list of the Office of the Inspector General.

Printed Name of Administrator: _____

Signature of Administrator: _____

Date: ____/____/_____

Title: _____

Address: _____

Email: _____

Phone: _____

For InteCare Purposes only:

InteCare, Inc. officials have reviewed and accept the forgoing Amendment to the Agreement.

Printed Name of Official: _____

Signature of Official: _____

Title: _____

Date: ____/____/_____