



Federally Qualified Health Center
Payment Methodology Agreement

FQHC Information:

FQHC Name: _____

FQHC Address:

Payment Methodology Agreement

Please select one of the below payment methodologies:

[] 1. Alternative Payment Methodology.

The FQHC accepts the alternate payment methodology described in 10 CCR 2502-10 section 8.700.6 and agrees to accept the entire amount per visit from Medicaid Managed Care Entities.

[] 2. Prospective Payment System:

The FQHC does not accept the Alternative Payment Methodology.

Certification by Officer or Administrator of Clinic

I, the undersigned, hereby certify under penalty of perjury that as an official of the subject facility I am duly authorized to sign this attestation, and that to the best of my informed knowledge and belief this attestation is accurate, complete, and current as of this date.

Signature: _____

Name: _____

Position/Title: _____

Email Address: _____

Phone Number: _____

Date: _____

HCPF Use Only
Report Submission Date: _____