

**ELECTRONIC SIGNATURE AGREEMENT**  
Michigan Department of Health and Human Services

Employer or Employing Entity Name	Employer Identification Number	NPI
Individual Name (Doctor, Dentist, Nurse, etc.)		NPI
<p>The undersigned Individual and Employing Entity attest that they have entered into an agreement effective on the date indicated below. Both parties agree an authorized representative of the Employing Entity has the authority to sign and submit the electronic Michigan Department of Health and Human Services Medical Assistance Provider Enrollment Trading Partner Agreement and to maintain enrollment information through the MDHHS CHAMPS Provider Enrollment Subsystem. Both parties also agree that the Employing Entity listed above is liable and bound by all information submitted on his or her behalf as if the Employing Entity had submitted changes to CHAMPS directly.</p>		
Individual Signature		Date
Employing Entity Signature		Date
Individual Single Sign-on User ID		Date

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.