

**MDHHS-5405, PROVIDER ELECTRONIC SIGNATURE
AGREEMENT COVER SHEET**

Michigan Department of Health and Human Services (MDHHS)
(Revised 4-23)

SECTION 1 - INSTRUCTIONS

- Provider should retain a COPY in the office
- MUST be submitted with DCH-1401, Electronic Signature Agreement.

Mail to:

Michigan Department of Health and Human Services
Provider Enrollment Section
PO Box 30238
Lansing, MI 48909
Fax: 517-241-8233

Email to:

MDHHS-DomainRequests@michigan.gov

SECTION 2 – REASON FOR SUBMISSION (check all that apply)

- | | | | | |
|---|--|---------------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Revalidation | <input type="checkbox"/> Domain Access | <input type="checkbox"/> Organization | <input type="checkbox"/> Individual | <input type="checkbox"/> Both |
| <input type="checkbox"/> Domain Administrator Contact Information | | | | |
| <input type="checkbox"/> New Tax ID/SSN (List Provider Enrollment staff contact name) | | | | |
| <input type="checkbox"/> Other (list reason) | | | | |

SECTION 3 – CONTACT INFORMATION (REQUIRED)

Name	Email Address	Phone Number	
MILogin User ID	Provider's NPI Number	Provider's Date of Birth	
Provider's Address	City	State	Zip Code

SECTION 4 – PROVIDER ENROLLMENT OFFICE USE ONLY

- | | |
|--|--|
| <input type="checkbox"/> Provided Domain Administrator contact information | <input type="checkbox"/> Sent to processor with W-9 attached |
| <input type="checkbox"/> Sent/Gave to team lead for processing | <input type="checkbox"/> Opened for revalidation |

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AUTHORITY: 42 CFR 455.104

COMPLETION: Voluntary but required for access to CHAMPS.