



**ENCOUNTER RECORD
SUBMISSION AUTHORIZATION
FOR NON-PHYSICIAN PROVIDER**

BETWEEN _____
"Name of Non-Physician Provider"

and _____
ENCOUNTER RECORD BILLING SITE ("the Site")

I, _____
Non-Physician Provider Name

hereby authorize _____
Site Name

to submit electronic encounter records bearing my MSP billing number _____

and "the Site" payee number _____ to the Medical Services Commission.

This Authorization shall remain in force and for all encounter records submitted with

'the Site' payee number _____ and my MSP billing number

_____ from _____ to _____.
Billing Number Effective Date (month/day/year) Cancel Date (month/day/year)

Dated this _____ day of _____, 20 _____.

Signature of Non-Physician Provider

Signature of Witness

*Signature of Payee Number
Signing Authority for "the Site"*