

Contract Compliance: **Contract Review and Certification**

I attest that this CSF, Contract(s)/Amendment(s) have been reviewed in full
and the information is accurate and complete.

CONTRACTOR/NETWORK MANAGEMENT CONSULTANT/REPRESENTATIVESignature: Date: 10-10-16**DIRECTOR**

I attest that the contract has been reviewed, and the information is accurate and complete.

Signature: Date: 10/11/2016**LEGAL DEPARTMENT**

I have reviewed and approved the non-standard language used in this contract.

Signature: Date: **HEALTHCARE ANALYTICS**

I have received and approved the fee schedule/rates.

Signature: Date: **REGIONAL VICE PRESIDENT**Signature: Date: **MEDICAL DIRECTOR (as necessary)**Signature: Date: **PROVIDER OPERATIONS (PO)**Date Routed to PO: October 14, 2016Date Received: Signature: Date: Retroactive Effective Date? Y/N Approved? M R RA Effective Date: Date Returned to CC **PROVIDER REIMBURSEMENT (PR)**Date Routed to PR: Date Received: Signature: Date: Date Loaded: Date Routed to PDO Date Returned to CC: **PROVIDER DATABASE OPERATIONS (PDO)**Date Routed to PDO: October 19, 2016Date Received: Signature: Date: Date Loaded: Date Routed to PDO **CONTRACT COMPLIANCE (CC)**Date Routed to CC: Date Received: Signature: Date:



Common Submission Form

New Contract Or Amendment

☒ N/A ☐ This Is A New Contract ☐ This Is An Amendment

Tracking # 87487

☐ Priority Handling Requested

Tax ID: 582145629

CSF Purpose: Termination

A) Business Intent:

Discuss Business Intent

Demographic Change Only?

☐ YES ☒ NO

Please terminate provider from Medical contracts only at location, 182 Jefferson Pkwy, Ste A, Newnan, GA 30263. The other locations have been completed previously. He is remaining active at the locations as NON PAR (load as IDNP) on the Medical side. Correspondence attached

B) Retroactivity:

Will this CSF result in retroactivity? (REQUIRED)

☒ YES ☐ NO

* If this CSF is a New Contract or an Amendment, is it the result of a:

☒ Not Result of Contract or Amendment ☐ Negotiation ☐ Quality Issue

* Responsible Party / Market Network Management

* Retroactivity Reason

NM-Retro Changes due to Network management Submission Error <1k claims

Responsible Party / PO

* Retroactivity Effective Date:

3/10/2016

☒ Retro Adjustments Requested?

Retroactivity Comments:

csi # 12606 Retro ID 16206

Estimated Dollar Amount of Adjustment:

☐ Interest Owed?

Prompt Pay Interest Comments:

Date Issue Identified:

N/A

Image Number 1912929878

C) PDO Updates:

Are PDO Updates Required?

☒ YES ☐ NO

Number of Individual Providers =

1

Number of QCare Records To Be Updated =

1

D) Completed By Information:

Name: Sonia Ferris

Start Date:

10/10/2016

Actual Date Rec'd:

2/26/2016

Phone: (404) 842-8703

E) Provider Information:

QCare ID:

State License #:

NPI #: 1912929878

First Name: Vincent

Middle

Initial: J

Last Name/

Facility/Ancillary: Perciaccante

Suffix:

Title: DDS

Contact Name:

Contact #:

Ext.

Contact E-mail:

Gender:

DEA Number:

DEA Expiration Date:

Medicare Number:

Tracking # 87487

F) Group Information: