

### Letter of Authorization

(NAME)\* ..... ,(QID no:)\* ..... is an approved representative of (FACILITY)\* .....and is authorized to act as our agent to submit, modify and finalize applications for primary source verification (dataflow) within the electronic verification system.

(FACILITY)\* ..... assumes all liability and responsibility for system access, data entry and use of the Electronic verification system by its employees and agents

Signed on behalf of facility by:

\_\_\_\_\_

Medical Director / authorized signatory

\_\_\_\_\_

Facility Stamp

\*please fill in the required information