

HEALTHWEST

ACTION TRANSMITTAL FOR CONTRACT

Contract Provider: _____

Contract Term: _____

Status of Action Taken

Initials / Date

- 1. Authorization by CMH Board _____
- 2. Prepared by Contract Specialist: _____
If other, please specify: _____
- 3. Review by Corporate Counsel: _____
- 4. Review by Chief Financial Officer _____
- 5. Mailed to Contract Provider _____
- 6. Signature Obtained/Contract Returned by Contract Provider _____
- 7. Received required documentation:
 - Insurance Certification (exp. _____) Licensure (exp. _____)
 - Credentialing/Certification Documents Accreditation (exp. _____)
- 9. Signed by CMH Director/Board Chair _____
- 10. One Original to Contract Agency with Cover Letter _____
- 11. One Original to CMH Administrative File _____
- 12. Signed copies forwarded to:
 - Network Manager/Contract Specialist Preparing Contract _____
 - Other (Specify) _____