First Health Services Corporation
A Coventry Health Care Company

Submission of Electronic Transactions Agreement for Service Centers

This is to certify that _____ of
(Submitter of Electronic Transactions)

_____, _____, _____ _____ on the
(Street Address) (City) (State) (Zip Code)

_____ day of _____, 20 _____, agrees to the following conditions for the submission of electronic transactions to the Department of Medical Assistance Services.

1. The Service Center agrees to abide by the policies and procedures of the Department of Medical Assistance Services.
2. The Service Center is not to be construed as an agent of the Department of Medical Assistance Services.
3. The Service Center is recognized as an electronic transaction preparation service only, and any agreement of participation between providers and the Department of Medical Assistance Services is not affected by this agreement.
4. The Service Center will promptly notify the Department of Medical Assistance Services of the names of providers either added to the service operation or discontinued from service.
5. The agreement may be terminated on thirty day's written notice by either party.
6. This agreement will become effective when executed by both parties and may be amended only in writing, similarly executed.

First Health Services Corporation		Service Center	
_____ (Signature of Authorized Agent)		_____ (Signature of Owner or Official)	
_____ (Title of Auth. Agent)	_____ (Date)	_____ (Title of Auth. Agent)	_____ (Date
		_____ (Service Center Number)	

Fax to: 1-804-273-6797, or
Mail Original to:
First Health Services Corporation
Electronic Media Claims Coordinator
Virginia Medicaid Operations
4300 Cox Road
Glen Allen, VA 23060