**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH**
**CIO BUREAU/SYSTEMS AND OPERATION/HELP DESK**

## INDIVIDUALS AUTHORIZED TO SIGN CIOB FORMS

☐ **Replace Signatures on File** ☐ **Add to Signatures on File**

Legal Entity # 9999.

**Check Box for Type**

Reporting Unit (s): 9999A, 9999R, 9999S, 9999W ☐ DMH √ NGA ☐ FFS ☐ DHS

Provider/Agency Name: BELOVED MEDICAL CENTER.

Address: 1234 NEWWAVE BLVD (Street) HAPPRY CITY (City) CA (State) 01234 (Zip)

Telephone Number: (201) 561-2015 (Area Code Number) 213 (Extension).

Director Level or Above: DR. SALLY BEGONE, MD (Print/Type).

Director's Level or Above Signature: *Dr. Sally Begone, MD*.

Director's E-Mail Address: sally.begone@medctr.com.

The following individuals are authorized to sign CIOB Forms submitted by the above name agency:

Name of Designee: Town Little (Print/Type).

Signature of Designee *Town Little*

Title: Office Manager.

E-Mail Address: Town.Little@medctr.com Phone (201) 561-2018.

Name of Alternate: Help Me (Print/Type).

Signature of Alternate: *Help Me*.

Title: Billing Manager.

E-Mail Address: help.me@medctr.com. Phone (201) 561-2055.

Date Submitted to CIOB May 3, 2010.

**NOTICE:** FAX WILL NOT be accepted. Original signatures are required.

Return completed form to: LA County, Department of Mental Health
CIO Bureau/IS-Systems Access
695 S. Vermont Avenue
Los Angeles, CA 90005

Authorized signers.doc/jafzip#5
Revised1 01/21/2010

SAMPLE