

MCP ENCOUNTER DATA LETTER OF CERTIFICATION/BATCH RECAP

I, the undersigned, do hereby attest, based on the best of my knowledge, information, and belief, that the data contained on the accompanying electronic media claim tape is accurate, truthful, and complete.

Signature of CEO, CFO, or delegated authority	Print Name
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Single Media External # (Single File)

<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>
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This file contains:

<input type="checkbox"/> First-time submissions	<input type="checkbox"/> D NCPDP	<input type="checkbox"/> U UB-92	<input type="checkbox"/> N NSF
<input type="checkbox"/> Resubmissions/Replacements			

Name of MCP Submitted For:	Total Claims
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Electronic Media Submitter Name	MCP Submitter's Number (3-digit)
Street Address	Telephone Number (include area code) ()
City and State	Zip Code

STATE USE ONLY					
	Y	Y	D	D	D
Batch Date	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>
Batch No.	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>
Batch Type	R NCPDP	U UB92	S NSF		

Date Received Stamp