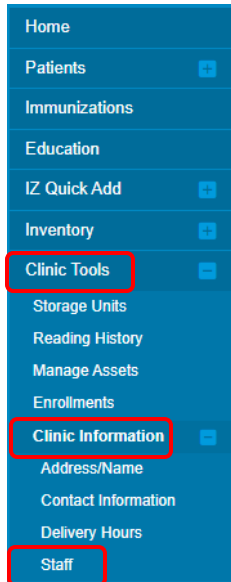


Submit VFC Physician Signing Agreement (Z3) Contact Change

A. REMOVE the former PHYSICIAN SIGNING AGREEMENT (Z3-VFC/VTRCKS)



1. Click on Clinic Tools +
2. Click on Clinic Information
3. Click on Staff

4. Click on the dop down by the EDIT box
5. Click on REMOVE

Type	Phone	Audit	Action
NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)	505-827-1761	?	EDIT ▾
NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)	505-476-3672	?	EDIT ▾
PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)	505-550-5555	?	EDIT ▾ REMOVE

The request will be sent for approval the **Status** will state **PENDING**. (See Change Request History below)

Change Request History

Submitted On	Name	Clinic	Status	Action
01/11/2022	SANCHEZ, SAMANTHA	DEFAULT ORGANIZATION	PENDING	VIEW

B. ADD NEW PHYSICIAN SIGNING AGREEMENT (Z3VFC/VTRCKS)

Click on Add New Contact

Clinic Staff Change Request i

Add New Contact

1. **Contact Type** -using drop down select **PHYSICIAN SIGNING AGREEMENT (Z3 VFC/VTRCKS)**
2. Complete the **RED** highlighted boxes.
(Email address and License Number must be entered)
3. Click **Create**

Contact Type * ⚠

CHOOSE

CHOOSE

NON-PHYSICIAN CONTACT (Z1 - VFC/VTRCKS)

PHYSICIAN CONTACT (Z2 - VFC/VTRCKS)

PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)

NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)

NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)

PHYSICIAN CONTACT (PRIMARY) (Z6 - VFC/VTRCKS)

PHYSICIAN CONTACT (BACK-UP) (Z7 - VFC/VTRCKS)

HOSPITAL CONTACT (Z8 - VFC/VTRCKS)

MAILING CONTACT (Z9 - VFC/VTRCKS)

Cancel

Create

Clinic Staff Change Request i

Contact Type *
CHOOSE

Alternate Contact Type
CHOOSE

First Name *
Middle Name
Last Name *

E-mail
EMAIL@DOMAIN.COM
NPI

Telephone
999-999-9999
Ext.
99999
Fax Number
999-999-9999

License Number
Comments

Medicaid Provider ID
Employer ID Number

Specialty
CHOOSE
Title
CHOOSE

Once change is created the request will be reviewed for approval. The VFC Provider Agreement and VFC Provider Addendum will be emailed to the facility Primary Coordinator and Back-Up for the new PSA to sign.

****Please updated these changes on the Routine Management Plan and Emergency Management Plan for your facility.***

