

Exhibit B

Provider Release Authorization

This release is submitted to Conduent as authorization to forward Medi-Cal Supplemental Claims Payment Information (SCPI) on computer media directly to the designated agent listed below and/or in Section I of the Medi-Cal Supplemental Claims Payment Information (SCPI) Enrollment, for the purposes of Medi-Cal billing, collection, and/or reconciliation services.

SCPI Receiver Number _____
 Contact Person _____
 Phone Number _____
 Email Address _____
 Provider Name _____
 Provider Address _____
 City _____ State _____ Zip _____

Please enter the complete 9- or 10-digit alpha-numeric Provider Number along with the last four digits of their Federal Tax ID Number (TIN) for each provider that you are requesting to receive SCPI records for the receiver listed above.

Note: "NO" is the default value for receiving paper RAD and Medicare "no-pay" crossover data records. By selecting "NO" for paper RAD, the provider will not receive paper RAD from the State Controller's Office. If the provider wishes to continue to receive their paper RAD data, select option "YES" below.

Provider number and Last four digits in TIN	Provider Name	Receive Paper RAD?		Receive Medicare No-Pay" Records?	
_____	_____	NO	YES	NO	YES
_____	_____	NO	YES	NO	YES
_____	_____	NO	YES	NO	YES
_____	_____	NO	YES	NO	YES
_____	_____	NO	YES	NO	YES
_____	_____	NO	YES	NO	YES
_____	_____	NO	YES	NO	YES
_____	_____	NO	YES	NO	YES
_____	_____	NO	YES	NO	YES

I certify by signing this release that I am authorized to sign on behalf of the Provider specified, and to the best of my knowledge and belief the information furnished is correct. Furthermore, I agree to notify Conduent in writing, should any change to the information provided above occur.

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____

Return Agreement To: Conduent
 Attn: SCPI Operations
 820 Stillwater Road
 Sacramento, CA 95605