

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 _____

Provider Name _____

Provider Address _____

City _____ State _____ Zip _____

Please enter the complete 9- or 10-character 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 Medicare "no-pay" crossover data records.

Provider number and Last four digits in TIN	Provider Name	Receive Medicare "No-Pay" Records?
_____	_____	(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