

SUPPLEMENT ONE
TO THE
OUTPATIENT CLINIC REIMBURSEMENT AGREEMENT
SOONERCARE AMERICAN INDIAN/ALASKA NATIVE
TRIBAL/URBAN/INDIAN HEALTH SERVICE PROVIDERS

By checking the box below, Provider states that it is an:

I/T/U Outpatient Clinic that is certified by Medicare as a Hospital-Based
Outpatient Clinic; or
I/T/U Outpatient Clinic designated as a Federally Qualified Health Center;
or
I/T/U Outpatient Clinic.

Signature of Provider

Date

Provider Printed Name

Provider ID Number