![Minnesota Department of Human Services logo]

Sherburne County Child Care Assistance Program (CCAP)
Provider Request for Electronic Billing

The information requested on this form is necessary for enrollment in the MEC² PRO Electronic Billing system. The information requested will be maintained in a private manner and will not be released to anyone other than the State of Minnesota or their agents without your prior written approval.

PLEASE PRINT

Provider Name	Provider ID Number
First Name Middle Name Last Name	

Provider Business Name (if different than above)

Site Address

City	State	Zip Code

Phone Number	E-mail Address

Provider Name As It Appears On 1099	Provider Tax Id

In the spaces below, please list the name(s) of all users for whom you are requesting security authorization to electronically bill your CCAP claims for payment in the MEC² PRO system.

Please note: Each user listed below will be issued their own separate MEC² PRO login ID and password. Each user will be contacted separately by the Sherburne County MEC² PRO User Manager who will provide them with their system security information. Training is available if needed either in person or by phone.

Name(s) of Requested MEC² PRO Authorized User(s) – PLEASE PRINT				
First Name	MI	Last Name	Phone Number	E-mail Address
First Name	MI	Last Name	Phone Number	E-mail Address
First Name	MI	Last Name	Phone Number	E-mail Address

_____   _____
Signature of Person Requesting Security   **Date**

Return your completed form to Annie Hofstede, Sherburne County Health and Human Services, 13880 Business Center Drive, Elk River MN 55330. You will be contacted when your system security has been activated.

Thank you for enrolling in the MEC² PRO Electronic Billing system. You will receive information on what to expect when using the system and who to contact if you need help.