

**Minnesota Department of Human Services
2009 Immunization Registry Contract
Contractor Information**

Please complete the information below that will be used to complete a contract.

Registry Name and Address: _____

City State Zip Code

Check One: _____ County Government Entity _____ Non-profit Organization

Social Security or Federal Employer I.D. No.: _____

Minnesota Tax I.D. No. (If Applicable): _____

Registry's Contract Authorized Representative: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Data Privacy & Security Responsible Authority (name of person): _____

Counties Participating in the Registry: _____

Fiscal Agent (Entity) for the Immunization Registry Contract (If Applicable): _____
_____.

Claims will be submitted: _____ Monthly _____ Quarterly _____ Other (specify): _____
_____.

National Provider Identifier (NPI) number OR Unique Minnesota Provider Identifier (UMPI) number which will be used when submitting claims for 2009 Immunization Registry expenses: _____

All proposed changes to the Contractor's Duties and/or other sections of the Immunization Registry Contract MUST be described on a separate page(s) and submitted with the Contractor Information page for DHS approval.