

**ADDENDUM TO PROVIDER AGREEMENT**

**eCMS USER AGREEMENT**

**I. THE DEPARTMENT AGREES TO PROVIDE:**

- A. A logon ID via e-mail to each individual listed in this agreement which will allow the authorized user to access the eCMS (electronic claims management system) for the Breast and Cervical Cancer Diagnosis and Treatment Program (Program).
- B. A password to be sent via mail to each individual listed in this agreement in order to transmit claims data via the eCMS to the Program.

**II. THE PROVIDER AGREES TO:**

- A. Notify the Program within twenty-four (24) hours when any of the individuals listed in this agreement are no longer performing duties related to eCMS.
- B. Ensure the confidentiality of all log-on IDs and passwords provided by the Department.
- C. Ensure that all individuals listed in this agreement use the eCMS for the intended business purpose.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Tax Id Number