



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
P.O. Box 712
Trenton, NJ 08625-0712

PHILIP D. MURPHY
Governor

CAROLE JOHNSON
Commissioner

SHEILA Y. OLIVER
Lt. Governor

JENNIFER LANGER JACOBS
Assistant Commissioner

***Agreement of Understanding**

To the Person Submitting this Enrollment Packet:

I understand that upon receipt of this enrollment packet to Gainwell Technologies, it becomes property of the State of New Jersey. The enrollment packet and any documents that are generated as result of the submission of this application, such as but not limited to, an enrollment letter or a denial letter are subjected to the Open Public Records Act (OPRA see NJSA Section 47:1A).

Before any documents are sent to someone requesting this information, all personal information such as tax Id and social security numbers would be redacted.

It is the responsibility of the person signing this Agreement of Understanding to convey this information to all of individuals who are named in this application to become a New Jersey Medicaid provider. Although the request for enrollment information is uncommon, it does fall under the Open Public Records Act.

I have read this Agreement of Understanding and acknowledge that once I submit these documents for processing that they will become property of the State of New Jersey.

Sign

Print

Date

* A signed Agreement of Understanding is required before an application can be processed.

08/29/2019