**Registration for Source of Payment Typology Interim Coordination and Maintenance Committee Meeting**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Request for changes to the Source of Payment Typology**

Please complete the following:

Indicate type of change you propose:

\_\_\_\_Addition of code (please suggest code section)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Deletion of code (please indicate code # and name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Change in existing code (indicate current/future code number and proposed code title)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please attach your business case for this change and include in the business case how many entities will be impacted by change, and which entities or states will be impacted.

Change requests will be reviewed by the Payer Typology Committee prior to the scheduled Interim Maintenance Meeting. Your attendance at the Interim Maintenance Meeting will be important so any committee member questions can be answered. Final decisions will be made on a call following the meeting. Change request submitters will be notified of final decisions.

Please note: Change requests must be in by Friday, November 2, 2018. Please email form and other documentation to Barbara Rudolph at Barbara.Rudolph@chsra.wisc.edu or to Hetty Khan at hdk1@cdc.gov