

Company's Letterhead (Must be on company's letterhead)

Date: mm/dd/yyyy

The Centers for Medicare and Medicaid Services
Center for Medicare
7500 Security Boulevard, Mail Stop - C1-05-17
Baltimore MD 21244

RE: EPOC Designation Letter Request for Plan [Plan Number]

To: CMS EPOC APPROVAL

[Name of Plan Or Company] requests that CMS designate the following person as the External Point of Contact (EPOC) for plan contract(s) listed below:

Full Name: _____

Mailing address: _____

Telephone Number: _____

Email Address: _____

Contract Number(s): _____
(List all contract numbers this EPOC will be responsible for.)

As an official of [Name of company], I have the authority to designate the person identified above as the EPOC for the contract number(s) listed above. My contact information is:

Name: _____

Title: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Sincerely,

(Signature of the Company's official, title)