

SUPPLEMENT ONE  
TO THE  
OUTPATIENT CLINIC REIMBURSEMENT AGREEMENT  
SOONERCARE AMERICAN INDIAN/ALASKA NATIVE  
TRIBAL/URBAN/INDIAN HEALTH SERVICE PROVIDERS

By checking the box below, Provider states that it is an:

I/T/U Outpatient Clinic that is certified by Medicare as a Hospital-Based  
Outpatient Clinic; or  
I/T/U Outpatient Clinic designated as a Federally Qualified Health Center;  
or  
I/T/U Outpatient Clinic.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Provider ID Number