RelayHealth

## Adding Contracts to an Existing BAA

1. Complete the **Implementation Form** in its entirety (either online or by hand)

2. Make sure that Legal Entity Name on the Implementation Form is the same name on the BAA.

3. Email completed implementation form to: ***TBTBAA@Relayhealth.com***

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## HIPAA Business Associate Implementation Form for Part D Plans
## New Contract IDs covered an existing Business Associate Agreement

Please complete as indicated (*) the required information to process your HIPAA Business Associate Agreement between Part D Plans and the CMS Part D Transaction Facilitator.

| | |
|---|---|
| *Your Name: | |
| *Your Title: | |
| *Legal Company Name on the BAA | |
| *Notice Address: | |
| *City: | |
| *State: | |
| *U.S: Zip | |
| *Phone Number: (use: xxx-xxx-xxxx) | |
| Fax Number: | |
| *Email Address: | |

**New Part D Contract IDs to be covered by the existing Business Associate Agreement**

First Plan Year Contract IDs are effective:

Please list all contract ID(s) including alpha characters.