

# Negotiated Waiver Rate Sheet

## Traditional Medicaid Provider

\_\_\_\_\_  
Name of Provider Organization

\_\_\_\_\_  
Medicaid Aging Waiver  
Provider Number

SERVICE PROVIDED	HCPC CODE	UNIT RATE

	to	
Beginning Date of Service		Ending Date of Service

\_\_\_\_\_  
Signature of Authorized Provider Representative

\_\_\_\_\_  
Date

Mountainland Association of Governments  
Name of Area Agency

Scott McBeth  
Area Agency on Aging Director (or designee)

\_\_\_\_\_  
Date