

# Cumberland County Mental Health Center

## NCTOPPS Change of QP Access Request Form

The following information is needed in order to change NCTOPPS QP Access from QP of previous primary provider agency to QP of new primary provider agency. Print only except for signature. Fax form to CCMHC 910.323.2725

### Provider/Consumer Information

Name of Previous Provider Agency:

Name of Previous QP:

Name of New Provider Agency:

Name of New QP:

NCTOPPS Login ID:

Consumer Name: Last Name

Maiden Name

First Name

Middle Name

Date of Birth:

Gender:  Female  Male

Client Record #(assigned by LME):

Medicaid ID #:

NCTOPPS qualifying service:

Is consumer registered with LME to this agency?  Yes  No

**If No, must include proof of admission i.e. copy of LME Consumer Admission & Discharge Form**

▶ Attach Copy of Authorization/Consumer Consent to Release Information Form which specifies NCTOPPS

Other/Comments:

Telephone Number:

Email Address:

Fax Number:

QP Signature:

Date Submitted:

### FOR LME STAFF USE ONLY

Date Request Received:

Time Received:

am/pm

Received by  Fax  Hand Delivered  Mail

LME Staff Initials:

#### Request Status

Complete; Date Processed by LME:

N/A; QP change not necessary, transfer not needed

Incomplete, not able to process; Date returned to provider:

**Required information needed:**

1.

2.

3.

Other/Comments: