APPENDIX X

Agency Code 12200

Contract No.
Contract Period
Contract Amount

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through the Office of the Medicaid Inspector General, having its principal office at 800 North Pearl Street, Albany NY 12204, (hereinafter referred to as the STATE), and , with offices at (hereinafter referred to as the CONTRACTOR), for modification of Contract Number as amended to .

All other provisions of said AGREEMENT shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the dates appearing under their signatures.

_____	_____
CONTRACTOR SIGNATURE	STATE AGENCY SIGNATURE
By: _____	By: _____
_____	_____
Printed Name	Printed Name
Title: _____	Title: _____
Date: _____	Date: _____
	State Agency Certification: "In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."
_____	_____

STATE OF NEW YORK)
) SS.:
County of _____)

On the ___ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____
(Signature and office of the individual taking acknowledgement)

STATE COMPTROLLER'S SIGNATURE

Title: _____

Date: _____