



Oneonta City School District

31 Center Street, Oneonta, New York 13820 * (607)433-8230, ext. 302 * Fax: (607)433-8290

MEDICAID PROVIDER RIDER TO ONEONTA CITY SCHOOL DISTRICT CONSULTANT SERVICE CONTRACT

_____ represents and warrants that it, and its employees or
(Name of Vendor)

contractors, are not excluded from participation in, and are not otherwise ineligible to participate, in a "federal health care program", including but not limited to Medicaid and Medicare, as defined in 42 U.S. C. Section 1320 a – 7b(f) or in any other government program.

In the event that _____ or one of its employees is excluded from
(Name of Vendor)

participation or becomes otherwise ineligible to participate in any such program during the term of this agreement, _____ agrees that it will notify the
(Name of Vendor)

District in writing of the exclusion within three (3) business days after learning of the exclusion. Failure to notify the District of the exclusion constitutes a material breach of this agreement and cause for the District to terminate the agreement immediately.

*Enclosure:
January 16, 2009, Department of Health & Human Services*

n1m:contracts:medicaid:10/15/10, 07/01/12