

EPOC Letter Template

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Company's Letterhead (Must be on company's letterhead)

**Date:** mm/dd/yyyy

The Centers for Medicare & Medicaid Services  
Center for Medicare  
7500 Security Boulevard, Mail Stop – C1-05-17  
Baltimore, MD 21244

RE: EPOC Designation Letter Request for Plan [Plan Number]

To: CMS EPOC APPROVAL

[Name of Plan or Company] requests that CMS designate the following person as the External Point of Contact (EPOC) for plan contract(s) listed below:

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contract Number(s): \_\_\_\_\_  
(List all contract numbers this EPOC will be responsible for)

As an official of [Name of Company], I have the authority to designate the person identified above as the EPOC for the contract number(s) listed above. My contact information is:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
(Signature of the Company's official, title)