

User Agreement for MEC² PRO Electronic Billing

Purpose:

Counties use information provided on this form to grant individual users access to submit bills to the Child Care Assistance Program (CCAP) using MEC² PRO. Complete a separate form for each person.

NAME OF AUTHORIZED USER (Enter last name, first name, and middle name)	
TELEPHONE	FAX
EMAIL ADDRESS	TITLE

DO YOU ALREADY SUBMIT BILLS THROUGH MEC² PRO? Yes No

If yes:

Current login ID(s): _____

Other agencies: _____

If no, choose a login ID*: _____

*The login ID is used to access MEC² PRO. It is case sensitive, cannot contain spaces, and must end in "-PRO". A Login ID cannot be changed once it is created.

List each provider this person plans to bill for using MEC² PRO

Provider name	License number	Provider Tax ID	Provider MEC ² ID

Acknowledgment:

MEC² PRO User _____

By signing and dating below:

- I understand I cannot share my MEC² PRO user access.
- I have reviewed a copy of the CCAP Child Care Provider Guide ([DHS-5260](#)). I have read, and I understand, this information. If I have questions about this information, I will ask a worker to explain it to me.
- I understand that I can be held criminally and civilly liable if I submit inaccurate CCAP bills to the county or DHS.

NAME (print)	SIGNATURE OF MEC ² PRO USER	DATE
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Authorized Agent (for licensed providers only) _____

By signing and dating below:

- I attest and represent that I am an owner, license holder, or controlling individual as defined in M.S. 245A.02, and I am fully authorized to sign this document to bind myself and all other owners, license holders, and controlling individuals to the terms of this agreement.
- I understand and agree that by signing the document I am representing to the government that all of the information provided, including my signature is true and accurate. Any misrepresentations or failure to provide accurate information can result in possible administrative, civil and criminal sanctions to me, as well as the owners, license holders, controlling individuals and/or the provider/entity.
- I authorize this MEC² PRO user to submit bills for my program.
- I understand and agree to notify the county in writing if the MEC² PRO user no longer needs to access to MEC² PRO.
Do this when the employee leaves or is no longer in this role.

NAME (print)	TITLE	SIGNATURE OF AUTHORIZED AGENT	DATE

Agency use area:		
DATE ENTERED IN MEC ²	PRO USER ID	TEMPORARY PASSWORD
APPROVER'S AGENCY	APPROVER'S PHONE NUMBER	APPROVER'S EMAIL