



Client/Participant Name: _____

Client/Participant DOB: _____

I, _____, (Employer's printed name) have chosen to participate in the Community Alternatives Program (CAP). I am aware of my responsibility to pay my assigned monthly deductible that has been determined by NC Medicaid to Acumen Fiscal Agent of North Carolina so they can pay my employee(s) for services covered by the Community Alternatives Program.

I agree to the following:

- Pay my monthly deductible to Acumen, my fiscal agent, through a direct auto withdrawal process. This auto withdrawal will occur by the 12th of each month and for the full amount received for that month.
- I understand payroll will be suspended for non-payment of the monthly deductible and my employee(s) will not be paid until the pay cycle after my pay-in is received by Acumen. If work was performed for me, and I fail to pay my monthly deductible, I will be held responsible for paying my employee(s) for the month(s) I am suspended regardless of the monthly deductible amount. I understand that unpaid deductibles may result in an involuntary disenrollment from the program.

I understand the above statements and conditions and I agree to pay my monthly deductible through an auto withdrawal by Acumen Fiscal Agent of North Carolina.

Monthly Deductible Amount

<input type="checkbox"/> New Account	<input type="checkbox"/> Change of Account	<input type="checkbox"/> Cancellation
<input type="checkbox"/> checking (attach a voided check)		
<input type="checkbox"/> savings (attach printout from bank with routing and account information)		

Financial Institution Name		Branch Name and Phone Number

Address	City	State Zip
_____	_____	_____
Day of Month for Withdrawal _____		
Account Routing Number	Account Number	(must be between 1 st and 12 th , if no date is given, the 12 th will be used)
_____	_____	_____

Print Employer Name

Signature

Date

Phone Number

Acumen will auto withdraw the cash benefit once the signed Participant Deductible Payment Agreement and a voided check, deposit slip, or bank letter has been received:

Automatic bank withdrawal



- Step 1 – Complete the Authorization for Participant Deductible Payment Agreement
- Step 2 – Return forms and a voided check, deposit slip, or bank letter to Acumen at:
 - Mailing Address: 5416 E Baseline Rd, Ste. 200, Mesa, AZ 85206
 - Fax: 866-463-7589
 - Email: Outreach.NC@Outreachfiscalagent.com