



**Allegan Community CMH, Ottawa County CMH, HealthWest, N180 & West Michigan CMH**

**Request for enhanced revenue for March 1, 2020 - May 31, 2020 due to COVID-19 Pandemic**

**Required: Please complete COVID-19 Provider Network Service Change Impact survey to support your request before submitting.  
Additional information maybe required**

Organization:	
Request Date:	
Request Amount:	
Requestor name:	
Requestor email:	
<b>INTERNAL USE ONLY</b>	
Joint Operating Committee recommendation (approve/deny)	
Support reason: list claims review justification	
Denial reason:	
_____ CFO Approval:	
Funds Disbursement Date:	