

Ohio Department of Medicaid
DIRECTOR SIGNATURE AUTHORIZATION

I, John B. McCarthy, duly appointed Director of the Ohio Department of Medicaid, do hereby designate _____

with authority to sign my name to:

for which the Director's name is required.

This authorization shall remain in full force effective _____ until _____ specifically revoked.

John B. McCarthy, Director

Pursuant to the foregoing the signature shall be affixed as follows:

DIRECTOR OF THE OHIO DEPARTMENT OF MEDICAID

John B. McCarthy as signed by

Authority: Ohio Revised Code § 5160.03