

## Instructions for the Recipient

1. Click the link:  
<https://na2.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=29acbb60-a37b-4f15-988d-8d77a1d59c10>
2. Fill in the Recipient information and the Authorized Representative (optional) information. If the Recipient does not have an email address then the Authorized Representative email address can be listed in place of the recipients email address.

### DHCFP Form Signer Information

If there are other 'roles' required for this document to be completed, please enter the name and email of these other recipients. An email will be sent inviting them to sign along with you.

Please enter your name and email to begin the signing process.

Your Role:  
**Recipient**

Your Name:

Your Email:

Please provide information for any other signers needed for this document.

Role:  
**Authorized Representative**

Name:

Email:

**Begin Signing**

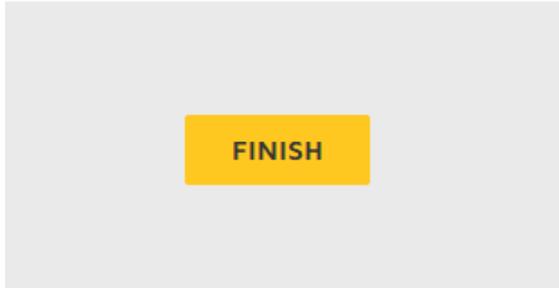
3. Click 'Begin Signing'
4. Click 'Continue'

**CONTINUE** OTHER ACTIONS ▾

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5. Fill the request out and DocuSign the Document

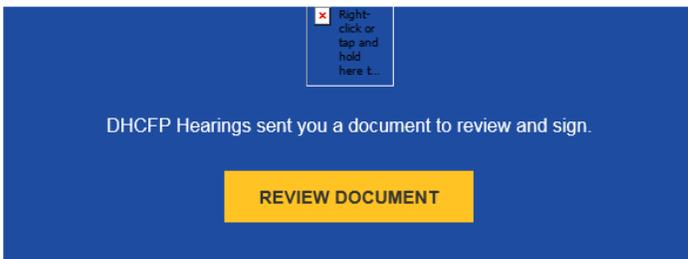
6. Click 'Finish' at the bottom of the page. This will send an email to the Authorized Representative, if you have one, otherwise, it will go the Division of Health Care Finance and Policy staff to approve the document or decline the document.



7. DocuSign will ask for you to sign up for an account. Do not sign up for an account.

## **Instructions for the Authorized Representative**

1. An email will be sent to you from the Recipient. Click 'Review Document'.



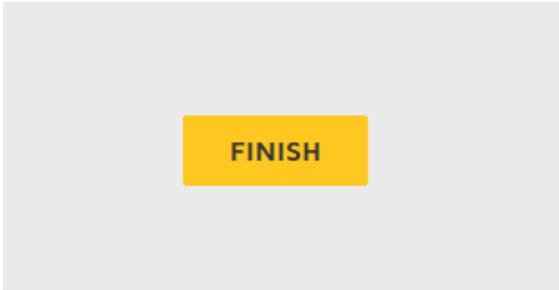
DHCFP Hearings  
[dhcfphearings@dhcfp.nv.gov](mailto:dhcfphearings@dhcfp.nv.gov)

2. Click 'Continue'



3. Fill the request out and DocuSign the Document

4. Click 'Finish' at the bottom of the page. This will send an email to the Division of Health Care Financing and Policy staff to approve the document or decline the document.



5. DocuSign will ask for you to sign up for an account. Do not sign up for an account.