



YCPARMIA Medical Provider Network  
Employee Acknowledgement of Receipt

This acknowledgement of receipt is for record keeping purposes only and will be kept in your personnel file to confirm you received and understand this notice. Your signature is not mandatory but we advise you acknowledge receipt of the MPN written notification letter. Please sign this receipt and return it to your HR Department.

I, \_\_\_\_\_, have read and understand the Medical Provider Network notification provided to me.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_