



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
PO Box 45562 Olympia WA 98504-5562

March 1, 2007

A1 Provider INC
Store #1234
1011 Main Street
Olympia WA 98504

RE: **1234567**

Dear Provider:

Your Core Provider Agreement has been processed and you have been assigned the provider number indicated above. This number must appear on all submitted billings and correspondence.

The effective date of your provider number is 1-1-07 and the Social Security Number/IRS number is 99-1234567. If either of these items is incorrect, please notify us within 14 days at 1-800-562-3022.

IMPORTANT: If incorrect or invalid information is on the provider file, you may be held responsible for any penalty DSHS may incur. This could include funds being withheld from your payments until the incorrect or invalid information is corrected. This is per IRS regulations.

Federal requirements mandate the identification of the Performing/Attending/Prescribing Provider when in a group setting. The following numbers have been issued to identify the performing/attending/prescribing providers:

<u>NAME:</u>	<u>IDENTIFICATION:</u>
A1 Provider #1234	61234567

For the proper use of these provider numbers please refer to your billing instructions. Billing instructions can be downloaded via the internet at maa.dshs.wa.gov/provrel, click on "I'm already a provider" for links to Billing Instructions and more. If you need a paper copy, you can:

1. download and print from the website,
2. go to <http://www.prt.wa.gov> to order a copy, or
3. fax a request to Dept of Printing at 360-586-6361.

For policy or claim questions, please Customer Service at 1-800-562-3022.

For **Faster** payment, fill in the attached form and fund will be deposited directly to your bank account. You also find the form at maa.dshs.wa.gov/provrel/electronicfundtransfer.htm

Sincerely,

Provider Enrollment
Division of Customer Support
Health & Recovery Services Administration
PO Box 45562
Olympia, WA 98504-5562
1-800-562-3022 (Option 2, then Option 5)

Enclosures: Electronic Funds Transfer Form number (DSHS 18-633)