

WA Medicaid Reimbursement Program Contact/Profile Update

Leader uses this form to add your school district's contact information to our Medicaid Reimbursement participant tracking system. This ensures that the necessary program information, forms, and reports are forwarded to the correct contact person. School districts also can use this form to update their personnel or contact information as changes occur. Fax the completed form to Leader at (570) 454-0162 or mail it to P.O. Box O, Hazleton, PA 18201.

1. School District Address

(U.S. postal address)

Education agency name

Street address #1

Street address #2

City

State

ZIP+4

Phone (include area code)

Fax (include area code)

2. Federal Express/UPS Shipping Address

(Please **no** PO box numbers)

Street address #1

Street address #2

Complete this section only if the shipping address differs from the U.S. Postal mailing address shown above.

City

State

ZIP+4

3. Special Education Director

Check one Dr. Mr. Mrs. Ms.

Provide only address or contact information that differs from the school district mailing address.

First name

MI

Street address #1

Last name

Street address #2

E-mail address

City

State

ZIP+4

Phone (include area code)

Fax (include area code)

4. Medicaid Reimbursement Coordinator

Check one Dr. Mr. Mrs. Ms.

Provide only address or contact information that differs from the school district mailing address.

First name

MI

Street address #1

Last name

Street address #2

E-mail address

City

State

ZIP+4

Phone (include area code)

Fax (include area code)

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5. Report Recipient

Check one Dr. Mr. Mrs. Ms.

Provide only address or contact information that differs from the school district mailing address.

First name	MI	Street address #1		
Last name		Street address #2		
E-mail address		City	State	ZIP+4
		Phone (include area code)	Fax (include area code)	

6. Business Manager (fiscal contact)

Check one Dr. Mr. Mrs. Ms.

Provide only address or contact information that differs from the school district mailing address.

First name	MI	Street address #1		
Last name		Street address #2		
E-mail address		City	State	ZIP+4
		Phone (include area code)	Fax (include area code)	

7. Procedures Manual Recipient

Check one Dr. Mr. Mrs. Ms.

Provide only address or contact information that differs from the school district mailing address.

First name	MI	Street address #1		
Last name		Street address #2		
E-mail address		City	State	ZIP+4
		Phone (include area code)	Fax (include area code)	