Washington Provider Update Form

DIRECTIONS: Use this form to modify your Core Provider Agreement filed with the Medical Assistance Administration (MAA). You must notify MAA when service providers are added to or leave your staff. School districts may only submit Medicaid claims for services provided by the professionals listed on a Core Provider Agreement or a subsequent Provider Update Form. The listed providers also must meet the MAA minimum criteria for providers of school medical services for special education students. In the event of an audit, claims submitted for services provided by other professionals may require the district to return any reimbursements.

Provide only the information that has changed and indicate "A" for add or "D" for delete in the *Status* column. If additional space is required, use the reverse side of this form. Additional forms also may be used; however, make sure you indicate the total number of pages submitted.

SCHOOL DISTRICT NAME	TELEPHONE

NPI — Enter school district's 10-digit MA NPI Number →										

SIGNATURE	TITLE	DATE

SERVICE PROVIDER NAME	SERVICE SPECIALTY	LICENSE AND/OR CERTIFICATION NO.	STATUS (A or D)
Example: Smith, John A.	Physical Therapy	PT-123456-L	A

Forward form to: DSHS, Division of Provider Services, P.O. Box 45562, Olympia, WA 98504
or fax completed form to: (360) 725-2144

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