



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

12/21/2006

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

Group Provider Number 1234567

Dear Provider:

We have approved your request for a group provider number. The effective date of your provider number is **January 1, 2007**.

Our records show your IRS tax reporting number is **99-1234567**. If this number is incorrect, please notify us within 14 working days at 1-800-562-3022.

The following servicing providers you identified have been added to your group. The effective date of these provider numbers is **January 1, 2007**.

<u>NAME</u>	<u>Servicing Provider Number</u>
Fred Smith, M.D.	61234567

The number one cause of rejected claims is improper use of provider numbers. Please refer to the appropriate billing instructions for how to use these provider numbers when you file a claim. Billing instructions are available on the Internet at http://fortress.wa.gov/dshs/maa/download/cpt_agreement.htm. If you need a paper copy sent to you, use this link for ordering directions <http://fortress.wa.gov/dshs/maa/CustomPublications/>.

If you have questions regarding claims processing, please call 1-800-562-3022.

Provider Enrollment
Division of Eligibility and Service Delivery

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