

**Virginia Department of Medical Assistance Services
Administrative Provider & Contractor
VAMMIS Enrollment Form**

General Information

Business Name (IRS): _____
Address (IRS): _____
City: _____ State: _____ ZIP Code: _____
Federal Tax ID: _____ License Number: _____
API Number _____ Effective Date: _____ End Date: _____

Service Address Information

Address: _____
City: _____ State: _____ ZIP Code: _____
Contact: _____ Phone: _____

Correspondence Address Information

Address: _____
City: _____ State: _____ ZIP Code: _____
Contact: _____ Phone: _____

Pay To Information

Address: _____
City: _____ State: _____ ZIP Code: _____
Contact: _____ Phone: _____

Remit To Information

Address: _____
City: _____ State: _____ ZIP Code: _____

EFT Banking Information

Bank Name: _____
Account Type: _____
ABA Number: _____
Account Number: _____

The undersigned represent that the information provided in this application is true, complete, and accurate to the best of my knowledge.

Print Name: _____

Signature: _____ Date: _____

Instructions for completing VaMMIS Administrative Provider & Contractor Enrollment Form

Information is required for all listed fields (except the API number).

All address fields must be completed, even if it is the same address throughout the document.

Any fields left blank will prevent an assignment of the payee ID and delay processing of payment.

To receive payment, a completed, current IRS W-9 form must accompany the VaMMIS Administrative Provider & Contractor Enrollment form.

General Information Section:

Business Name (IRS):

Enter organization's name as listed on the W-9 form submitted with this application. This is the name associated with your organization's Tax Identification Number (TIN) submitted to the IRS.

Address (IRS):

Enter organization's business address as listed on the W-9 form submitted with this application. This is the address associated with your organization's Tax Identification Number (TIN) submitted to the IRS.

Federal Tax ID:

Enter organization's Tax Identification Number as listed on the W-9.

License Number:

This is your organization's license number issued for 12 months or more as provided in Chapter 17 (§ 63.2-1700 et seq.) of Title 63.2 of the Code of Virginia to a facility determined to be in substantial compliance with applicable standards and regulations.

Effective Date:

Enter the beginning date for which the license is effective.

End Date:

Enter the ending date for which the license is effective.

API Number:

Leave this field blank. This field will be the Payee ID assigned by DMAS.

Service Address Information:

Enter the official contact address for your organization.

Correspondence Address Information:

Enter the primary mailing address used for any communication with the designated business name.

Pay To Information:

Enter the business address for where the "physical" check will be mailed, if it is different than the Remit To address.

Remit To Information:

Enter the business address for where the remittance information will be mailed, if it is different than the Pay to Address.