

# Midwife Attestation Form

I am applying to become an HCA approved home birth/birth center Midwife: individual provider, solo practice

I am applying to become an HCA approved home birth/birth center Midwife: servicing only, midwife working **only** under a Midwife group practice

I attest to abide by Washington Administrative Code sections **182-533-0600, 182-533-0400** and;

- I am licensed in the state of Washington with the Department of Health as a qualified provider;
- I have successfully completed a Basic Life Support (CPR) program and have a current certification; and
- I have successfully completed a Neonatal Resuscitation Program (NRP) for Providers and have a current certification

Provider Name

Provider NPI

Signature

Date

Please refer to the Planned Home Births & Birthing Centers Billing Guide at **[hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules](http://hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules)** for information about the program and complete billing instructions.

Please send completed form to:

Email: **ProviderEnrollment@hca.wa.gov**

Mail: Provider Enrollment

PO Box 45562

Olympia, WA 98504-5562

Fax: 360-725-1259 Attn: Provider Enrollment

Questions? Toll-Free 1-800-562-3022 ext. 16137