

School-Based Health Care Services Annual Provider and Contact Update Form

Directions: Complete page 1 to include information for all new and returning qualified health care providers who will be providing SBHS services. Also provide information for providers who have resigned within the last year. Submit this form to the Health Care Authority **annually** (by October 31st) and when changes in health care providers occur. **Email** this form to the SBHS Program Manager at katie.shaler@hca.wa.gov.

School district name				Phone		Fax			
Mailing address				City		ZIP code			
Verified and signed by director or designee				Title		Date		School Year	
Service Provider Name	Service Specialty	License or Certification Number	NPI Number	Last Issue Date	Expiration Date	Start Date with District	Resignation Date (if applicable)	Subcontractor (Y/N)	Supervisor's Name and Title (if applicable)
Example: <i>Smith, John A.</i>	<i>Physical Therapist</i>	<i>PT-123456-L</i>	<i>123456789</i>	<i>00/00/0000</i>	<i>00/00/0000</i>	<i>00/00/0000</i>	<i>00/00/0000</i>	<i>N</i>	<i>Jane Doe, Ph.D., PT</i>

Copies of licenses, transcripts and NPI#s do not need to be sent with this form.

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Directions: Complete page 2 to include all current school district personnel contact information. This information must be completed annually (by October 31st) and when changes occur. This form is necessary to ensure that SBHS program information, contracts, and invoices are forwarded to the correct contact.

	Name	Title	Mailing address (if different from above)	Phone	Fax	Email
Local Matching Funds Coordinator						
Contract Coordinator with Signature Rights						
Contract Coordinator with Receiving Rights						
Provider and Contact Update Form (12-325) Coordinator						
Medicaid Reimbursement Coordinator (person who submits claims to Medicaid if self-biller)						
Superintendent						
Special Education Director						
Billing Agent (if applicable)						