

**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: \_\_\_\_\_