Instructions for completing VaMMIS Administrative Provider & Contractor Enrollment Form

* 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.