

# Effective Date Change Request Form

ⓘ All effective date change requests must meet the criteria listed in Washington Administrative Code (WAC) 182-502-0005, available at [apps.leg.wa.gov/wac/default.aspx?cite=182](https://apps.leg.wa.gov/wac/default.aspx?cite=182). Approval of the effective date change does not supersede or otherwise change the agency's timely billing requirements under WAC 182-502-0150, available at [app.leg.wa.gov/WAC/default.aspx?cite=182-502-0150](https://apps.leg.wa.gov/WAC/default.aspx?cite=182-502-0150).

**1**

## Billing Provider Information

Date

Facility/group practice name

Organization NPI number

Business location (city, state)

Contact name

Contact phone number

Contact email address

Contact mailing address

**2**

## Servicing Provider Information

Servicing individual provider name

Individual NPI number

**3**

## Effective Date Change Request Information

Date of requested effective date change for billing group/facility provider

Date of requested effective date change for servicing provider

Dollar amount in claims

Diagnosis codes on claims

Procedure codes on claims

**4**

## Reason For Effective Date Change Request

One option is required to be selected.

Emergency services

Out-of-state services

Retroactive client eligibility

Letter attached

Claim attached

Send your completed form via the HCA Support portal at: [support.hca.wa.gov](https://support.hca.wa.gov).