

# 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)

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## 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 completed form to: [providerenrollment@hca.wa.gov](mailto:providerenrollment@hca.wa.gov)**

**Mail:** Provider Enrollment PO Box 45562 Olympia, WA 98504-5562

**Attn:** Provider Enrollment