

Midwife Attestation Form

I am applying to become an HCA approved home birth/birth center Midwife: INDIVIDUAL PROVIDER, Solo practice

I am applying to become an HCA approved home birth/birth center Midwife: SERVICING ONLY, Midwife working **only** under a Midwife group practice

I attest to abide by Washington Administrative Code sections 182-533-0600, 182-533-0400 and;

- I am licensed in the state of Washington with the Department of Health as a qualified provider;
- I have successfully completed a Basic Life Support (CPR) program and have a current certification; and
- I have successfully completed a Neonatal Resuscitation Program (NRP) for Providers and have a current certification

Provider Name	
Provider NPI	
Signature	Date

Please refer to the Planned Home Births & Birthing Centers Billing Guide on the HCA website for information about the program and complete billing instructions.

Please send completed form to:

Email: ProviderEnrollment@hca.wa.gov

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

Fax: 360-725-2144 Attn: Provider Enrollment
Questions? Toll-Free 1-800-562-3022 ext. 16137