

# STATE MATCH VERIFICATION

## RECIPIENT NUMBER

## PROVIDER INFORMATION

PROVIDER NAME

PROVIDER ID NUMBER

PROVIDER SPECIALTY

## SERVICE DATES

BEGIN	END	UNITS OF SERVICE	STATE MATCH PAID
<b>TOTAL ▶</b>			

SIGNATURE

TITLE

DATE

## INSTRUCTIONS

### RECIPIENT INFORMATION:

Enter the 10-digit Recipient Number exactly as it appears on the CMS-1500, the 837 electronic format, and/or the recipient's Pennsylvania ACCESS Card.

### PROVIDER INFORMATION:

**Provider Name** - enter the name of the targeted services management entity providing the service.

**Provider ID Number** - enter the thirteen-digit PROMISe identification number assigned to the provider.

**Provider Specialty** - enter "218" for Intellectual Disability Targeted Service Management.

### SERVICE DATES:

**Begin Date** - if the same service was provided on consecutive days, enter the first day of service.

**End Date** - this date will indicate the date of service if the service was provided on only one day; or the last consecutive day the same service was provided.

**Units of Service** - enter the number of times the service was performed on the same or consecutive days.

**State Match Paid** - enter the dollar amount paid to the provider by the county for these units of service.

**Signature/Title** - signature and title of authorized county representative.

**Date** - enter today's date.

COUNTY/PROVIDER COPY