# STATE MATCH VERIFICATION

## RECIPIENT NUMBER

[Blank]

## PROVIDER INFORMATION

<table>
<thead>
<tr>
<th>PROVIDER NAME</th>
<th>PROVIDER ID NUMBER</th>
<th>PROVIDER SPECIALTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

## SERVICE DATES

<table>
<thead>
<tr>
<th>BEGIN</th>
<th>END</th>
<th>UNITS OF SERVICE</th>
<th>STATE MATCH PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**TOTAL**

## 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