

DIVISION OF BEHAVIORAL HEALTH AND RECOVERY
Medicaid Provider Profile Request

Please provide the following information. Please allow 2 weeks for profile. E-mail or fax this information to:

Marylou LaLonde

DSHS / BHSIA

CD Accounting

Fax: 360-725-2280

E-mail: marylou.lalonde@dshs.wa.gov

DATE	NPI NUMBER	PROVIDER NAME
SERVICE DATES (MONTH/YEAR) REQUESTED		
Ending month should be at least 2 months prior to the date of this request to allow time for payments to be processed for requested time period. For example if current month is April, the request should be for period ending in February. If you need specific dates, i.e. July 7, 2012 through August 6, 2012, enter those dates.		
PRINTED NAME OF COUNTY / TRIBAL REPRESENTATIVE OR DBHR STAFF REQUESTING PROVIDER PROFILE		
If County or Tribal Representative, enter information below:		
COUNTY / TRIBE	E-MAIL	TELEPHONE NUMBER

DSHS 16-232 (REV. 12/2015)

Provider Profiles will be sent to e-mail address above through the DSHS secure e-mail system.