# STATE MATCH VERIFICATION

**RECIPIENT NUMBER**

**PROVIDER INFORMATION**

PROVIDER NAME

PROVIDER ID NUMBER | PROVIDER SPECIALTY

**SERVICE DATES**

| BEGIN | END | UNITS OF SERVICE | STATE MATCH PAID |
|-------|-----|------------------|------------------|
|       |     |                  |                  |
|       |     |                  |                  |
|       |     |                  |                  |
|       |     |                  |                  |
| TOTAL ▶ | | | |

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**