

WEST VIRGINIA PUBLIC EMPLOYEES INSURANCE AGENCY
 DEMOGRAPHIC DATA VERIFICATION
 AND MEDICAL HOME PROGRAM SURVEY

PROVIDER MEDICAL HOME PAYMENT INFORMATION FORM

**Must be a MD or DO to participate in the Medical Home Program **

PL 107 10/2007 REV 06/13

PAYMENT INFORMATION

We are verifying the information that we have on file for each FEIN. In the table below, please review the "Current Information" column for accuracy. If any of the information needs to be corrected, please do so in the rightmost column. Also, please provide any missing information.

| Data Field | Current System Information | Corrected Information |
|-----------------|----------------------------|--|
| FEIN | | |
| SFX | | This is assigned by HealthSmart Benefit Solutions, Inc. for internal use |
| PAYEE NAME | | |
| PAYEE ADDRESS 1 | | |
| PAYEE ADDRESS 2 | | |
| PAYEE CITY | | |
| PAYEE STATE | | |
| PAYEE ZIP | | |

HealthSmart Benefit Solutions Website

1. Is this practice a registered user of our website? YES ___ NO ___

If not, call 800.638.0968 from 8:00 am to 4:30 pm, Monday through Friday, to register. Visit www.HealthSmart.com for more information.

SIGNATURE: _____ DATE: _____

Name and title of person completing form: _____

Please return this form to: PEIA Medical Home Program
 HealthSmart Benefit Solutions
 P.O. Box 608
 Charleston, WV 25322-0608
 or fax to 855.405.0948

If this is a new FEIN, we will need a copy of their W-9 form.