

## Provider Verification Form

**Grant #:** \_\_\_\_\_ – \_\_\_\_\_  
Grant Number Grantee's Official Name

If you need more space to record your changes, please make copies of this form as necessary. Please **print clearly** or **type** your responses; use additional sheets if necessary. When listing an agency, please cite the **FULL** name. If an acronym is commonly used in reference to the agency, it should appear in parentheses after the complete agency name. Fax the completed form to Data Support at 703-312-5230 and retain a copy for your records.

<input type="checkbox"/> I have no changes to my provider list.	
<input type="checkbox"/> I have made/will make the changes indicated below using the EHBs.	
<input type="checkbox"/> I would like Data Support to make the following changes to my provider list.	
<b>ADDITIONS</b>	
<b>DELETIONS</b>	<i>Reason<sup>†</sup></i>
<b>CHANGES*</b>	
Agency name on attached list	
Correct agency name	
Agency name on attached list	
Correct agency name	
Agency name on attached list	
Correct agency name	

<sup>†</sup> You must indicate a reason when deleting a provider from your list. See the enclosed document, Important Notice Regarding Provider Agencies and Registration Codes, for the definition of each code.  
<sup>\*</sup> You must clearly indicate the name of the agency you wish to change by first writing in the name as it appears on the attached list and then providing the correct name.