



DEPARTMENT OF VETERANS AFFAIRS

VISN 20 Regional Payment Center
1601 E Fourth Plain Blvd
Suite B428, 10N20 RPC
Vancouver, WA 98661

Dear Community Care Provider,

Please complete the following information so that we can properly create/update your account for payment processing. If you have any questions, please contact the Regional Payment Center at (360) 696-4061, extension 34224.

Name (as recorded with SSN or Taxpayer Identification Number): \_\_\_\_\_

Business name, if different from above: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

Specialty: \_\_\_\_\_ NPI: \_\_\_\_\_

○ Tax ID or ○ SSN: \_\_\_\_\_ Medicare ID Number: \_\_\_\_\_

Business type: (select one)

- Small business—a business whose gross annual receipts average \$5 million or less for the last 3 years.
○ Large business -a business whose gross annual receipts over \$5 million for last 3 years.
○ Outside the United States
○ Other entities, including state/local Government, educational or nonprofit

Special categories within business type: (check all that apply)

- Vietnam Veteran-owned, 51% or more owned by a Vietnam-era Veteran
□ Disabled Veteran-owned, 51% owned by a disabled Veteran
□ Veteran-owned, 51% owned by a Veteran
□ Veteran-owned
Disadvantaged, 51% or more owned by one or more socially or economically disadvantaged individuals, including Black Americans, Hispanic Americans, Native Americans and Asian-Pacific Americans
□ Historically black college & university minority institution
□ Woman-owned, 51% or more owned by 1 or more women
□ Woman-owned
□ Javits-Wagner-O'Day

Signature of company official

Date

FAX FORM TO: (360) 905-1772 / ATTN: REGIONAL PAYMENT CENTER / SITE: