



PROMISe Question Submission Form

The association is working to address the most critical problems for agencies or the system as a whole, therefore PCPA is triaging all requests for assistance. Members can help PCPA evaluate the level of need by completing the information below.

- Priority Level:
- _____ 1 Very high level of importance and impact on agency and/or system.
 - _____ 2 High level of importance and impact on agency and/or system.
 - _____ 3 Moderate level of importance and impact on agency and/or system.

Name of Agency: _____

Contact Person: _____

Phone Number: _____ Email Address: _____

PROMISe Provider Number Being Used (including service location): _____

MAMIS Provider Number (if requesting a PROMISe provider number): _____

Fax number and address to which information should be sent: _____

Method of Claim or EVS submission (PES, Online, Software Vendor [include name]): _____

ICN for Claims Being Rejected or Not Going Through: _____

Error Codes or Error Messages Being Received: _____

Date of Claim or EVS Submission: _____

Other Information: _____
