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.

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: __________________________________________

Email this form to lyndsey@paproviders.org or fax to 717-657-3552. Contact Lyndsey Wanich or Betty Simmonds at 717-657-7078 for more information.