COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services
PRIMARY ACCOUNT HOLDER FORM

Instructions for Primary Account Holder (PAH) Requests or Updates:
Thank you for your request to add or update your Primary Account Holder (PAH) information. Please read the following information to complete this form. Incorrect or incomplete information submitted may cause delays or rejection of this request. All submitted documentation will be validated prior to any updates made.

Required Information Details *
Submit one form for each Entity Tax ID enrolled with DMAS.

- Only a single user can be designated the role of Primary Account Holder for each Entity Tax ID.
- An individual designated as a disclosed Individual Provider, Owner (CEO) or other Officer of Company must sign and date this PAH Update Form.
- The New PAH email address must be unique and different from any previously used email address. If you can login and access PRSS with this email address, it cannot be used as the PAH email address.
- Completed forms should be faxed to:

  Virginia Medicaid Provider Enrollment Services

  PO Box 26803

  Richmond, VA 23261-6803
  804-270-7027 (Fax) or 888-335-8476 (Fax)

Primary Account Holder Request and Update Form

Required Information *	**Required Information**
Individual or Organization Name*	
Atypical (API) or National Provider Identifier (NPI) used as a servicing or billing provider*	
Tax Identification Number (TIN, FEIN, SSN) *	
Name of the current financial institution on file for Electronic Funds Transfer (EFT)	
Pay to Address * (Except for Individuals within a Group or Ordering, Prescribing, or Referring Providers) ***OR*** Provide two (2) remittance advice amounts and dates for an NPI associated with your Tax Identification Number	
Current PAH First and Last Name (PAH being replaced)	
Current PAH Email Address (PAH being replaced)	
New PAH First and Last Name *	
New PAH Email Address * (Previously used Email addresses will be unable to be processed)	
New PAH Mobile Phone Number for Multi Factor Authentication (MFA)	
Brief description why the PAH needs to be changed: *	

Printed Name:_____ **Title:**_____

Authorized Signature:_____ **Date:**_____