



## **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 based on the provider file 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 in MES as a disclosed Individual Provider, Owner (CEO) or other Officer of Company must sign and date this PAH Request 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 PAH forms should be sent to DMAS in one of two ways.

**Send Via Fax: 804-270-7027 (Fax) or 888-335-8476 (Fax)**

**Send Via Email: [vamedicaidproviderenrollment@gainwelltechnologies.com](mailto:vamedicaidproviderenrollment@gainwelltechnologies.com)**



**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 * <b>OR</b> Provide two (2) remittance advice amounts and dates for an NPI associated with your Tax Identification Number (This section not applicable for Individuals within a Group or Ordering, Prescribing, or Referring Providers)	
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:** \_\_\_\_\_