COMMONWEALTH OF VIRGINIA

Department of Medical Assistance Services
Provider Enrollment Services

REV. 08/2026

DOCUMENT REQUEST FORM

Complete electronically, save the completed PDF, and email it to
VAMedicaidProviderEnrollment@gainwelltechnologies.com

Handwritten, printed/scanned, or photographed forms are not accepted. Complete all required fields before digitally signing.

1. PROVIDER IDENTIFICATION

NPI / Atypical Provider Identifier (API) *

Service Location ID *

Enrolled Provider Name *

Provider Tax Identification Number (SSN/FEIN) *

Enter the identifier currently on file.
Use numbers only; do not enter dashes.

2. DOCUMENTS REQUESTED

Select at least one document. You may select more than one for the provider record identified above.

- ☐ Change Notification Letter
- ☐ Site Visit Confirmation Letter
- ☐ Termination Notification Letter
- ☐ Welcome Letter

3. AUTHORIZED REQUESTER & CERTIFICATION

Authorized signer must be the individual provider or a disclosed Owner/Managing Employee listed in the PRSS Provider Portal.

Authorized Name *

Authorized Role *

Last 4 Digits of SSN *

Date *

AUTHORIZED SIGNER DIGITAL SIGNATURE *

Click this field to apply a certificate-based digital signature after completing the form.