

## APPLICATION FEE SUBMISSION FORM

An application fee is required to enroll in the Virginia Medicaid Program for certain providers. To determine whether your applicant is required to submit a fee, refer to the last question in Section I.

The application fee is \$631. This fee must be paid and clear our financial institution prior to the processing of your enrollment application.

Provider Name \_\_\_\_\_ NPI \_\_\_\_\_

### To Pay by Check:

- Make the check payable to **Department of Medical Assistance Services**.
- The amount of the payment is **\$631.00**.
- Write your NPI on the Memo line of the check to ensure it will be credited to your application.
- Write the check number here: \_\_\_\_\_.
- Include this form with the rest of the enrollment application and send to:

**Virginia Medicaid Provider Enrollment Services**  
**PO Box 26803**  
**Richmond, VA 23261-6803**

### To Pay by Credit Card:

- Paying by credit card is quick and easy.
- Provide your credit card information below:
  - o Mark the type of credit card you are paying with:  
☐ Master Card    ☐ Visa    ☐ Discover    ☐ American Express
  - o Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
  - o Card Expiration Date  
Month: \_\_\_\_\_ Year: \_\_\_\_\_
  - o Security Code: \_\_\_\_\_
    - For Visa, Master Card and Discover, the three digit security code is found on the back as shown in the image on the left.
    - For American Express the four digit security code is found on the front as shown in the image on the right.



- o Name on the Credit Card: \_\_\_\_\_
- o Billing Address:  
Street \_\_\_\_\_ Suite \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_