

## Instructions for Request for Assignment of Fees

This form **MAY** be used to add a fee assignment to an *existing individual provider* service location **only**.

Enter the name of the physician who will be assigning his/her fees.  
Provide the individual physician's nine – digit Promise ID number.

Lines 1 – 5:

List the individual physician's four – digit service location designation (one per line).

Provide the group name and 13 – digit Promise ID where the fees will be assigned.

Fill in the date the fee assignment is to be effective (no more than 12 months prior to receipt of document).

Please date and print the provider's name.

An *Original* signature from the provider is required.

Please provide a contact name and phone number and/or email address in case there are questions about this document.

### **Please return to:**

Bureau of Fee-for-Service Programs

Division of Operations – Provider Enrollment Section

P.O. Box 8045

Harrisburg, PA 17105-8045

Request for Assignment of Fees

Individual Practitioner Name: \_\_\_\_\_

Individual Provider Number (9-Digit): \_\_\_\_\_

Please assign my fees from the following service location(s) to the listed group(s):

<u>Individual Provider Service Location</u>	to	<u>Assign fees to Group Name</u>	<u>PROMISe 13-Digit Provider Group Number</u>	<u>Effective Date</u>
1. _____	to	_____	_____	_____
2. _____	to	_____	_____	_____
3. _____	to	_____	_____	_____
4. _____	to	_____	_____	_____
5. _____	to	_____	_____	_____

By Signing, I am agreeing to assign my fees to the group(s) named, and service location number listed above.

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Date	Print or Type Provider Name
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Original Provider Signature (Signature Stamps Not Accepted)

**\*\*This is the contact name and phone number we will use if we have any questions about this document.**

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_