**STATE MATCH VERIFICATION**

**RECIPIENT NUMBER**

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**PROVIDER INFORMATION**

**PROVIDER NAME**

<table>
<thead>
<tr>
<th>PROVIDER ID NUMBER</th>
<th>PROVIDER SPECIALTY</th>
</tr>
</thead>
</table>

**SERVICE DATES**

<table>
<thead>
<tr>
<th>BEGIN</th>
<th>END</th>
<th>UNITS OF SERVICE</th>
<th>STATE MATCH PAID</th>
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</tbody>
</table>

**TOTAL**

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**SIGNATURE**

**TITLE**

**DATE**

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**INSTRUCTIONS**

**RECIPIENT INFORMATION:**

Enter the 10-digit Recipient Number exactly as it appears on the CMS-1500, the 837 electronic format, and/or the recipient's Pennsylvania ACCESS Card.

**PROVIDER INFORMATION:**

Provider Name - enter the name of the targeted services management entity providing the service.

Provider ID Number - enter the thirteen-digit PROMISe identification number assigned to the provider.

Provider Specialty - enter “218” for Intellectual Disability Targeted Service Management.

**SERVICE DATES:**

Begin Date - if the same service was provided on consecutive days, enter the first day of service.

End Date - this date will indicate the date of service if the service was provided on only one day; or the last consecutive day the same service was provided.

Units of Service - enter the number of times the service was performed on the same or consecutive days.

State Match Paid - enter the dollar amount paid to the provider by the county for these units of service.

Signature/Title - signature and title of authorized county representative.

Date - enter today's date.