

State of West Virginia Public Employees Insurance Agency

Phone: 304-558-7850

Fax: 1-877-233-4295

WV Toll-free: 1-888-680-7342

Website: www.wvpeia.com



Provider Demographic Data Form

[One form must be completed for each practice site]

Effective Date:			
Provider Name/Email Address:			
Facility Name:			
TIN (Tax Identification Number): (Number that appears in Block 25 of CMS 1500 Form)			
Facility Site Address:			
Facility Mailing Address: (if different from facility site address)			
County:			
Telephone Number: (used to make appointments)			
Claims Payment Address: (The address that appears in Block 33 of CMS 1500 Form)			
Contact Person's Name and Title:			
Phone Number:			
Name of Person Completing this form:			
Provider NABP Number:			
Provider NPI Number:			
Does your facility have a CLIA (Clinical Laboratory Improvement Act) waiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please return this completed form, providers agreement, IRS W9, a copy of your current providers Board of Pharmacy Pharmacist License and Either a Copy of your APhA's The Pharmacist & Patient-Centered Diabetes Care Certificate of training OR your Certification Board of Diabetes Care and Education (BDCE) certificate. to: PEIA Face to Face Program, 601 57th Street, SE, Suite 2, Charleston, WV 25304