

PLEASE DO NOT DOUBLE-SIDE or DUPLEX

Instructions for Completing Service Matrix

Please use the fillable feature of the .pdf document or print legibly.

*** Please note that the new HIPAA format requires the use of 9-digit zip codes on all CBO Forms***

The EI Service Matrix:

Provider Connections sends this page to the Central Billing Office along with the W-9 Form. Initial Interpreter/Translator applicants must document completion of System Overview Training for Bilingual Interpreters and Translators and a successful score on the Interpreter/Translator proficiency exam.

- List your name as you want it for billing purposes. Fields are available for first, middle, and last names.
- Enter your home address.
- Enter your Social Security Number.
- Indicate your personal National Provider Identification (NPI) number. This does not apply to Parent Liaisons, Service Coordinators, Interpreters, and Translators. **Applications missing the NPI number cannot be processed.** You can obtain one by going to <https://nppes.cms.hhs.gov>.
- List your current e-mail address. Since some providers have more than one employer, an individual e-mail address is preferred.
- List the county or counties you will serve.
- "Payee Name" refers to the individual provider's name or the agency name that is being used to receive payment.
- Enter the Enter the Payee Site Address
- Enter the Payee Billing Address if different from the Payee Site Address.
- List the Payee Phone and Fax numbers.
- Indicate each type of early intervention service you provide directly with a ✓.
- Check the appropriate box for IMPACT Validation/Enrollment and list your IMPACT Application ID.
- Sign and date the form.

Important to Note

Provider Connections recommends using the most recent applications. It is best to download applications directly from the Provider Connections website and avoid maintaining a stockpile of file copies. Forms change and become obsolete, and obsolete forms are invalid.

