




STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

**CLIENT SERVICES**  
**EARLY INTERVENTION & PRE-EXPOSURE PROPHYLAXIS PROGRAM**  
**INSTRUCTIONS FOR COMPLETING YOUR CONTRACT**

REQUIRED DOCUMENTS		
<input type="checkbox"/> Provider Contract (4 pages): <ul style="list-style-type: none"> <li>Complete all fields. You may <b>NOT</b> edit, change, or add to the contract in any way.</li> </ul>		
<input type="checkbox"/> Appendix A (2 pages) <ul style="list-style-type: none"> <li>Complete all fields. Please note that the billing address listed <b>MUST</b> match the billing address that you entered on the contract and your W-9.</li> </ul>		
<input type="checkbox"/> Vendor Payee Registration: <div style="display: flex; align-items: flex-start;">  <ul style="list-style-type: none"> <li>All providers must register with the Office of Financial Management and receive a Statewide Vendor ID Number to receive payment for services rendered.</li> <li>Instructions for registering can be found here – <a href="#">Vendor payee registration   Office of Financial Management (wa.gov)</a> (or you may scan the QR code)</li> </ul> </div>		
ADDITIONAL DOCUMENTATION		
<input type="checkbox"/> Appendix B (2 pages): <ul style="list-style-type: none"> <li>Use this document for any additional locations that <u>bill under the same Tax ID Number (TIN)</u> as the one listed on the Provider Contract.               <ul style="list-style-type: none"> <li>Only include locations that are relevant to HIV care and prevention.</li> </ul> </li> <li>You may also use this document to add additional contacts and information for individuals not listed on Appendix A</li> </ul> <p><i>Please Note: If there are additional locations in your network that bill under a different TIN than the one you are contracting under, please complete another contract, along with all required and supporting documents.</i></p>		
<input type="checkbox"/> Appendix C (1 page): <ul style="list-style-type: none"> <li>Complete <b>ONLY</b> if you are a Mental Health or Dental provider.</li> </ul>		
SUBMITTING YOUR CONTRACT		
<u>Email</u>	<u>Fax</u>	<u>Mail</u>
EIP.ClaimsPayments@doh.wa.gov Subject: EIP Contracts (must be a PDF)	Attn: Client Services 360-664-2216	Client Services PO Box 47841 Olympia, WA 98504-7841

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To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).