DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN

Division of Medicaid Services DHS 105.02(1), Wis. Admin. Code

F-01182 (07/2012)

WISCONSIN MEDICAID

DECLARATION OF SUPERVISION FOR NONBILLING PROVIDERS

Wisconsin Medicaid requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Personally identifiable information about providers and other entities is used for purposes directly related to program administration such as determining the certification of providers or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for those services.

The use of this form is mandatory.

**INSTRUCTIONS**

Nonbilling providers receive nonbilling provider numbers. The numbers cannot be used independently to bill Wisconsin Medicaid. The following nonbilling providers are required to complete the Provider Change of Address or Status form, F-01181, for changes in physical address and all supervisor changes:

* Occupational Therapy Assistants.
* Physical Therapist Assistants.
* Physician Assistants.
* Speech Therapists, Bachelor of Arts (BA) level.

The nonbilling provider(s) who has changed his or her work address or supervisor should complete Section I. The nonbilling provider’s supervisor should complete Section II.

Return the completed form to Wisconsin Medicaid, Provider Maintenance, 313 Blettner Boulevard, Madison, WI 53784. For more information, contact Provider Services at 800-947-9627.

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| SECTION I — NONBILLING PROVIDER INFORMATION |
| Name and Credentials — Nonbilling Provider      | Provider ID      |
| Address — Nonbilling Provider       | Telephone Number — Nonbilling Provider      |
| SIGNATURE — Nonbilling Provider       | Date Signed       |
| SECTION II — SUPERVISOR INFORMATION |
| Name — Supervisor |
| Street Address Line 1  | Street Address Line 2  |
| City | State  | ZIP+4 Code  |
| Telephone Number — Supervisor       | Supervisor’s Effective Starting Date      |
| [ ]  I affirm that Name of Supervisor Above is supervising my work as a nonbiller with Wisconsin   Medicaid effective Date Listed Above. If Name of Supervisor Above discontinues  Supervision with me, I understand that I must update this information with Wisconsin Medicaid. |