DEPARTMENT OF VETERANS AFFAIRS
VISN 20 Northwest Network Payment Center
PO Box 1035 ● Mail Stop: 10N20
Portland, OR 97207

Dear Non-VA Medical Care Provider,

Please complete the following information so that we can properly create/update your account for payment processing. If you have any questions, please contact the Network Payment Center at (360) 696-4061, extension 34225 or 34224.

Name (as recorded with SSN or Taxpayer Identification Number):_____

Business name, if different from above: _____

Billing Address: _____

City: _____ County: _____ State: Select one: _____ Zip Code: _____

Phone Number: _____ FAX: _____

Specialty: _____ NPI: _____

◯ Tax ID or ◯ SSN: _____ Medicare ID Number: _____

Business type: (select one)

◯ Small business–a business whose gross annual receipts average $5 million or less for the last 3 years.

◯ Large business -a business whose gross annual receipts over $5 million for last 3 years.

◯ Outside the United States

◯ Other entities, including state/local Government, educational or nonprofit

Special categories within business type: (check all that apply)

☐ Vietnam Veteran-owned, 51% or more owned by a Vietnam-era Veteran

☐ Disabled Veteran-owned, 51% owned by a disabled Veteran

☐ Veteran-owned, 51% owned by a Veteran

☐ Veteran-owned

☐ Disadvantaged, 51% or more owned by one or more socially or economically disadvantaged individuals, including Black Americans, Hispanic Americans, Native Americans and Asian-Pacific Americans

☐ Historically black college & university minority institution

☐ Woman-owned, 51% or more owned by 1 or more women

☐ Woman-owned

☐ Javits-Wagner-O'Day

_____ _____
Signature of company official Date

FAX FORM TO: (360) 905-1772 / ATTN: NETWORK PAYMENT CENTER / SITE: