pennsylvania
DEPARTMENT OF HEALTH

<u>CONTACT INFORMATION</u>

Please provide the name of the person we should contact if we have questions, an e-mail address for check remittance advices and the e-mail address of whomever from your organization will be requesting usernames and password resets for the online billing platform (CoreWeb). Please include this page with your package:

<u>PROVIDER NAME</u>:

<u>CONTACT</u>:

<u>PHONE NUMBER</u>:

<u>FAX NUMBER</u>:

<u>EMAIL</u>:

<u>CHECK REMITTANCE ADVICE EMAIL ADDRESS</u>:

<u>USERNAME REQUEST EMAIL ADDRESS</u>: