



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## MEDICARE MENTAL HEALTH WAIVER

**Client Services  
Early Intervention Program (EIP)  
PO Box 47841  
Olympia WA 98504-7841**

Please use this form if an Early Intervention Program client cannot obtain an appointment with a Medicare contracted Mental Health service provider. Upon approval, payment is still subject to all general conditions of the Early Intervention Program, including current member eligibility, other insurance, and program restrictions.

### CLIENT INFORMATION

<b>Client Name</b>	
<b>Client EIP Number</b>	
<b>Client Telephone Number</b>	
<b>Client Date of Birth</b>	

### REQUESTING PROVIDER INFORMATION

<b>Provider Name</b>	
<b>Provider Number</b>	
<b>Provider Tax ID Number</b>	
<b>Provider Email Address</b>	
<b>Next available appointment with a Medicare provider</b>	

**Provider/CM Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I certify that the information provided on this form is true, accurate, and complete to the best of my knowledge.*

Please submit all documentation via mail or fax to:

Department of Health HIV Client Services  
Attn: Krystal Sterling  
PO BOX 47841 Olympia, WA 98504  
Fax: 360-664-2216



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For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711)