

Virginia ADAP
Virginia Department of Health
James Madison Building, 1st Floor
109 Governor Street
Richmond, VA 23219
PHONE: (855) 362-0658 FAX: (804) 864-8050

Hepatitis C (HCV)/HIV Treatment Assistance Program
2015 Fee-for-Service Form

DATE RECEIVED: _____	
PROVIDER INFORMATION:	
Name: _____	
Address: _____	
Phone Number: _____	
Federal Tax ID Number: _____	
PATIENT INFORMATION	ADAP ENROLLMENT VERIFIED:
Name: _____	_____ YES _____ NO
Date of Birth: _____	HCV/HIV ENROLLMENT VERIFIED:
Address: _____	_____ YES _____ NO
Phone Number: _____	
DATE OF SERVICE: _____	
Virginia Ryan White Fee-for-Service Code (CPT Code): _____	
Virginia Ryan White Fee-for-Service Reimbursement Rate requested: _____	
SIGNATURE OF SUPPLIER: _____ DATE: _____	