



Hawaii Access To Recovery (ATR) Provider Data Sheet

Provider's Legal Business Name:

Provider's Employee I.D. Number (EIN) or SSN:
State General Excise Tax Number:

Service Authorization(s): **ATR STAFF USE**

Legal Business Address:

Phone No. (to schedule appointments):
Fax No. (for Confidential Client Information):

After-hours emergency contact number:

Main Email:

Website:

WITS ID# **ATR STAFF USE**

Vendor ID# **ATR STAFF USE**

Please attach copies of the following:

- Tax Clearance (State and Federal)
- General Excise Tax License and/or 501(c) 3 Letter
- General Liability Insurance

Client Services Locations (please list complete contact information for all service locations).

Intake Information: To schedule an intake appointment, please call "Name" at 808-000-0000.

Authorized staff (first and last name, e-mail, cell numbers):

Billing Contact:

Days and Hours of Operation:

Names & Email Addresses of all staff to be trained on the WITS System: