



## Swing Bed Records

Please print and fill out this form completely.

MAIL this form along with the Swing Bed records to:

### Swing Bed Records

HP Enterprise Services  
 P.O. BOX 244032  
 MONTGOMERY, Alabama 36124-4032

Recipient Medicaid ID (13-digit number)	
Medicaid Provider ID	

Provider Name	
Provider Mailing Address City, State, Zip	
Provider Contact Telephone Number	

*For Internal Use Only – Do not enter data in the gray shaded area.*

HP Receipt Date:	
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