

# interChange Provider Important Message

## **Update to the Consent to Sterilization Form Submission (Federal Form OMB No. 0937-0166), Hysterectomy Information Form (W-613) and Physician Hysterectomy Certification Form Retroactive Eligibility (W-613A) Submission Process**

Attention Providers: DXC Technology is pleased to announce a change to the Consent to Sterilization Form (Federal Form OMB No. 0937-0166), Hysterectomy Information Form (W-613) and Physician Hysterectomy Certification Form Retroactive Eligibility (W-613A) submission process.

Effective immediately, providers may now fax their form submissions to DXC Technology at **1-860-986-7995**. Additionally the mailing address is changing. The Consent to Sterilization Form (Federal Form OMB No. 0937-0166), Hysterectomy Information Form (W-613) and Physician Hysterectomy Certification Form Retroactive Eligibility (W-613A) should now be mailed to the following address:

DXC Technology  
PO Box 2971  
Hartford, CT 06104

Please contact the Provider Assistance Center with any questions at 1-800-842-8440.

