

When you are all done your screen should look like this:

DSDS **Providers** APS PCA Waiver Programs Assessments Options

Smith, Katherine D. [Provider]
DSDSID: 83269

Provider

☒ PCA No ☒ ALH No ☒ GR No

Last	First	Middle	Suffix
Smith	Katherine	D.	
Active	<input checked="" type="checkbox"/> No	Bed Count	
DSDS ID	83269	NPI	
Provider ID	CHX Start Date: 06/15/09 End Date: 06/30/10		
Region	Anchorage	Secondary Region	(none)
Business License		Bus. Lic. Expiration	
Notes			

Contact Information

Physical Address	Mailing Address
600 Barrow Street, Suite 404 Anchorage, AK 99501	<input type="button" value="Edit"/> 600 Barrow Street, Suite 404 Anchorage, AK 99501 <input type="button" value="Edit"/>
Home	<input type="button" value="Edit"/> Business (907) 258-3498 <input type="button" value="Edit"/>
Cell	<input type="button" value="Edit"/> Fax (907) 279-0171 <input type="button" value="Edit"/>
Email Address	<input type="button" value="Edit"/>

Additional Contact Information