

Instructions:

- Prior to returning, all fields must be completed in its entirety for each Facility listed.
- A copy of the W9 must be submitted per tax entity.
- Medicaid ID number must be included (Each location is required to have an individual Medicaid ID).
- Application must include all information noted below:
 - ✓ Facility Standard Application (Complete, signed and dated (attestation must not be greater than 305 calendar days))
 - ✓ State License (if applicable)
 - ✓ State Certification/Accreditation (if applicable). If provider is not accredited and has not had a CMS Survey, a Plan Site Visit must be completed.
 - ✓ Ownership Disclosure
 - ✓ Insurance Liability policy face sheet (showing expiration dates and limits)

If you have more than 6 locations, please attach a roster with the same fields listed on this document.

Date completed: _____

Facility information

Facility name:		Facility type:	
		<input type="checkbox"/> SNF	<input type="checkbox"/> Dialysis center
		<input type="checkbox"/> PERS	<input type="checkbox"/> Home and community-based services
		<input type="checkbox"/> AIDS CM	<input type="checkbox"/> Home health
		<input type="checkbox"/> Ambulatory surgery center	<input type="checkbox"/> Durable medical equipment
			<input type="checkbox"/> Laboratory
			<input type="checkbox"/> Radiology
Doing business as (DBA) name, if applicable:			
Provider group TIN:	Taxonomy:	Provider group NPI:	Medicaid ID:
Primary contact name:	Primary contact phone:	Primary contact fax:	Primary contact email:

Billing information

Group pay to address:	City:	State:	ZIP:
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Would you like to be included in the directory? Yes No



Facility locations										
	Facility name	Taxonomy code	Street address	City	State	ZIP	Phone	Fax	Office hours	Handicap accessible
		Medicaid ID:								
Location 1										<input type="checkbox"/> Yes <input type="checkbox"/> No
Location 2										<input type="checkbox"/> Yes <input type="checkbox"/> No
Location 3										<input type="checkbox"/> Yes <input type="checkbox"/> No
Location 4										<input type="checkbox"/> Yes <input type="checkbox"/> No
Location 5										<input type="checkbox"/> Yes <input type="checkbox"/> No

Would you like to be included in the directory? Yes No