



REQUEST FOR PASSPORT EXPANSION

Expanding into PAA 8 from another PAA	Current PAA 8 Providers: (Select all that apply)
Which PAA(s) do you hold a contract with?	List the counties served for current services provided
What counties do you currently serve?	List the services for current counties served
Which services do you currently provide?	
Provider Name:	Phone:
Provider #:	Fax:
Provider Location #:	Contact Person:
Medicaid #:	Email:
Doing Business As (dba), if applicable:	Federal Tax ID/SSN:
Business Address:	Mailing Address (if different):
EXPANSION REQUIREMENTS:	
Have you been providing the service(s) included in this expansion request for at least the past 3 months?	Yes No
Have you provided the service(s) included in this expansion request for at least 2 individuals?	Yes No
Do the individuals reside in the counties you wish to expand into?	Yes No
Please list the services to include in this request:	
Counties to include in this request: (Please check) Athens Hocking Noble Monroe Meigs Morgan Perry Washington	
Authorization to sign Provider Agreement: Name/Title	
Address:	Email:
Form completed by: Name/Title	
Signature:	Date:

Please make sure this form, and the following forms, have been completed in-full and returned by email to: ProviderCertification@buckeyehills.org, to avoid a delay in your expansion request.

- Debarment
- Direct Deposit/Authorization
- W-9

Serving Athens, Hocking, Meigs, Monroe, Morgan, Noble, Perry and Washington Counties in Southeast Ohio

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