



OFFICE LOCATION INFORMATION:

Legal/Office Name: _____ DBA: _____

Address: _____

Mailing Address: _____ Website: _____

Phone: _____ Fax: _____ Medicaid #: _____

Referral Contact Name, Title & Email & Fax#: _____

Contact Person for Reviews, Title & Email: _____

Contact Person for Billing, Title & Email: _____

List the counties this location serves: _____

List PASSPORT services this location provides: _____

Check all that apply for this location: _____ Full-time staff _____ Storage of consumer files Billing

List the office that completes billing for this location: _____

Number of Full-time staff: _____ Number of Part-time staff: _____

PLEASE CHECK THE SERVICES THE OFFICE LOCATION LISTED ABOVE IS CERTIFIED TO PROVIDE:

_____ Medicare Skilled Nursing _____ State-Planned Nursing & Personal Care Aide Services

_____ Other (please list) _____

CORPORATE INFORMATION:

Legal/Office Name: _____

Phone: _____ Fax: _____

Address: _____

Mailing Address: _____

Signatory Name & Title: _____

Contact person for contracts, Title & Email: _____

CONTACT INFORMATION FOR PERSON COMPLETING THIS FORM:

Name: _____ Title: _____ Phone: _____

Email: _____ Signature: _____ Date: _____

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