

Name, Address and Phone Number Changes

Check all that apply	☐ ASTC ☐ CAH ☐ HHA ☐ Hospice ☐ Home Nursing	☐ CMHC☐ CORF☐ Hospital☐ OPT☐ Home Nursing Placement	☐ ESRD ☐ RHC ☐ PXR ☐ Home Service ent ☐ Home Services Placement
License Number	Medicare Number		
Current/Prior Name_			
Current Address			
Current City _	IL Current ZIP Code		
	cal Intermediary (for reimb		
Name of Intermediar	у		
Address			
City	State ZIP Code		
New Information Name of Entity			
New Address			
City _	IL ZIP Code		
Mailing Address (if d			
			ZIP Code
Phone Number (area	a code) Fax Number (area code)		
E-mail Address			
Effective Date of Cha	ange		
Signature of Adminis	tratar		
Type Name of Admir	nistrator		
For IDPH use only	•	be faxed to: 217-782-0 For IDPH use only - Letters	
Odie/A			ntermediary

Form Number 445092 Page 1of 1