

FCBDD Service Provider Demographic Change Request Form

See steps below for making all official changes, as required, per DODD rule:

Provider certification

...Provide and maintain in the provider services management system or provider network management module, as applicable, ... current physical address, telephone number, and electronic mail address....”

- (1) OBM/OSS (Budget & Management, Shared Services) must be updated first: [Log In \(maximus.com\)](http://www.maximus.com)
[Office of Budget and Management | Ohio.gov](http://www.budgetandmanagement.com)
- (2) Next, update Ohio Department of DD (DODD) via PSM/PNM (as applicable):
www.dodd.ohio.gov - or - [Department of Developmental Disabilities | Ohio.gov](http://www.developmentaldisabilities.com)
- (3) Please print information clearly, and submit to FCBDD as indicated below:

Provider Name (on file): _____

➔ *FCBDD cannot make changes to our database (Gatekeeper)
until the information below is verified in The Ohio DODD PSM/PNM:*

Current Name (if different from above): _____

New Address: _____

New Phone #(s): _____ **Fax #:** _____

New Email: _____

** Effective date for requested change:* _____

Signature: _____ **Today's Date:** _____

Requestor's printed name (Agency only): _____

Please submit this completed form by mail to:

FCBDD, Provider Relations
2879 Johnstown Road, Columbus, OH 43219,
Fax to: 614-342-5004, **or** email to: provider.relations@fcbdd.org