

INDEPENDENT PROVIDER CONTACT DATA COLLECTION SHEET

Prospective Franklin County Provider:

The Franklin County Board of DD (FCBDD) requires that all approved providers desiring to serve in Franklin County supply the Office of Provider Relations with the information listed below. This information is necessary for adding your name to our database of providers eligible for service authorization.

If available*, please include a copy of the "**CERTIFICATION APPROVAL NOTICE**", issued to you by The Ohio Department of Developmental Disabilities (DODD), via email. Your **DODD APPROVAL LETTER** contains crucial information needed to authorize services in Franklin County, to include your DODD Contract, MPN & NPI #s, effective date, Waiver Type(s), approved services, etc. **If recently certified, we may be able to locate these details on the PSM.*

**** Please print current contact information clearly. ****

Independent Provider Name: _____

Independent Provider Address: _____

Alternate (i.e.: P.O. Box): _____

Phone # (s): _____

Email: _____

Independent Provider Social Security #, last 4 digits: XXX-XX-_____

Provider Signature: _____ Date: _____

**** Please return this form and required attachment(s) to:***

FCBDD, Office of Providers Relations, 2879 Johnstown Road, Columbus, OH 43219

- Or -

Fax to (614) 342-5004, Email to provider.relations@fcbdd.org

→ **Questions?** Write to above or Call (614) 342-5944

FCBDD Office use only:

DODD #: _____ Waiver type: _____

FAL Rcvd / PSM: _____ Svc. Code(s): _____