

INDEPENDENT PROVIDER CONTACT DATA COLLECTION SHEET

***Prospective Franklin County Provider:***

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

If already approved, upon submission of this form, *if available*, please forward/include a copy of, the email notice of approval/certification which should have been issued by The Ohio Department of DD (DODD). If you are still in the process of applying, we will retain this form on file until you submit verification of your Certification.

**- Please print contact information clearly. -**

Independent Provider Name\*: \_\_\_\_\_  
(*\*as listed on PSM/PNM*)

Provider's Primary Address: \_\_\_\_\_

Alternate/mailling (*i.e.: P.O. Box*): \_\_\_\_\_

Phone # (s): \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security #, last 4 digits: XXX-XX-\_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* Please return this form and DODD Certification Notice (if available) to:**

**[provider.relations@fcbdd.org](mailto:provider.relations@fcbdd.org) and/or [maggie.hart@fcbdd.org](mailto:maggie.hart@fcbdd.org)**

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

or Fax to (614) 342-5004

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