

PROVIDER AGENCY 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 Agency to our database of providers eligible for service authorization.

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

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

Agency Provider Name: _____

CEO/Representative Name (*Agency Only*): _____

Agency Provider Address: _____

Phone # (s): _____ Fax #: _____

Email: _____

Agency Tax ID/EIN #: _____

Provider Signature: _____ Date: _____

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

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

- Or -

Email to provider.relations@fcbdd.org

Fax to (614) 342-5004

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