

BRANCH-RELOCATE WITHIN SAME COUNTY

Dear Provider:

To relocate within the same county submit the following information and/or documentation:

A letter on your agency's letterhead to RELOCATE within the same county to include the following:

- The agency's license number. The number is located on agency's license.
- The complete address of the branch the parent agency is requesting to relocate. Include the branch name, complete address, city, county, state, zip code and telephone number.
- The new branch location. Include the branch name, complete address, city, county, state, zip code, and telephone number.
- Effective date of the change.
- Signature of administrator on the letter (the name must be on record with the Department).

Please ensure you file an 855a with your Fiscal Intermediary if you are Medicare certified.

Once the above mentioned documents are submitted and approved, the Department will update our database to reflect the changes and send a confirmation letter to the agency.

Submit change request to:

Kelly Hemmelgarn
Program Director, Acute Care
Indiana State Department of Health

Acute Care Division
2 N Meridian St., Section 4A 07
Indianapolis, IN 46204