Dear Medicare Provider:

To change the physical address of your agency submit a signed letter on the agency’s letterhead (*administrator must sign*) to include the following:

- The agency’s license number. The license number is located on the agency’s license.
- The current (*old*) address of the agency.
- The new (*pending approval*) address of the agency.
- The anticipated or effective date of the address change.
- Statement whether adding or removing counties due to relocation
  - Geographic area served form w/ map – highlight any new areas of coverage
- Statement whether patient and/or employee census changed due to relocation

*Medicare facilities must complete a CMS 855 for an address change, effective immediately. The provider must include in their notice to the department a statement verifying completion and submission of the CMS 855 to their fiscal intermediary.*

*Please note the department cannot forward the address change notice to the regional office until the CMS 855 has been approved by the fiscal intermediary.*

Once all documentation has been received, the Department will forward notice of the address change to the Regional office for review and/or approval.

**Submit the change request to:**

Kelly Hemmelgarn  
Program Director, Home Health  
ISDH/Acute Care Division  
2 N Meridian Street, Section 4A  
Indianapolis, IN 46204