State of Illinois
Illinois Department of Public Health

# Name, Address and Phone Number Changes

Check all that apply

- ☐ ASTC
- ☐ CAH
- ☐ CMHC
- ☐ CORF
- ☐ ESRD
- ☐ RHC
- ☐ HHA
- ☐ Hospice
- ☐ Hospital
- ☐ OPT
- ☐ PXR
- ☐ Home Services
- ☐ Home Nursing
- ☐ Home Nursing Placement
- ☐ Home Services Placement

License Number _____ Medicare Number _____

Current/Prior Name _____

Current Address _____

Current City _____ IL Current ZIP Code _____

Medicare Fiscal Intermediary (for reimbursement)

Name of Intermediary _____

Address _____

City _____ State _____ ZIP Code _____

## New Information

Name of Entity _____

New Address _____

City _____ IL ZIP Code _____

Mailing Address (if different) _____

City _____ State _____ ZIP Code _____

## Miscellaneous Information

Phone Number (area code) _____

Fax Number (area code) _____

Effective Date of Change _____

Signature of Administrator _____

Type Name of Administrator _____

For IDPH use only

- ☐ Odie/Aspen
- ☐ 670
- ☐ Access LDB
- ☐ 3270

For IDPH use only - Letters

- ☐ CMS
- ☐ Intermediary
- ☐ IDPA

Form may be faxed to: 217-782-0382