AGENCY FOR HEALTH CARE ADMINISTRATION (AHCA)

Address Change

Information form • www.pnsystem.com

☐ **$350.00**
PD and Medicare Agencies

Do not print or scan this form. Save it to your computer, type the information using Adobe Reader, and then email it to us.
Use proper capitalization: capitalize the first letter of names, streets and cities, then use lower case.

1 AGENCY AND LICENSE INFORMATION

Agency Name: _____ **Effective Date:** _____

License #: _____ **NPI:** _____ **MC #:** _____ *(Medicare Provider #)* **MA #:** _____ *(Medicaid Provider #)*

License Issue Date: _____ **Exp. Date:** _____ **Hours of Operation:** 9-5

AHCA User: _____ **AHCA Password:** _____

2 NEW ADDRESS AND CONTACT INFORMATION

New Address: _____ **City:** _____

ZIP Code (include last 4 digits): _____ + _____ **County:** _____

Phone: _____ **Fax:** _____

Tax ID: _____ **Email:** _____ **Website:** _____

3 OWNER / CONTACT PERSON

Contact Person/Owner: _____ **% Ownership:** _____ **Date:** _____

SS #: _____ **DOB:** _____ **State/Province Born:** _____ **Country Born:** _____

NPI/PECOS User: _____ **PECOS Password:** _____ ***(Do not fax this form to us)***

Administrator Name: _____

4 SKILLED HOME HEALTH AGENCIES ONLY (TO CHANGE CLIA, ETC.)

Incorporation Date: _____ **Medicare # Issue Date:** _____

Accreditation Body: _____ **Date:** _____ **Expiration:** _____

CLIA #: _____ **DON:** _____ **Ph:** _____

5 BANK INFORMATION

Bank Name: _____ **Bank Ph:** _____

Bank Contact Person: _____

Routing #: _____ **Account #:** _____

Bank Address: _____

_____

Email copies of *(Medicare agencies only)*

- ☐ Voided Check
- ☐ AHCA License copy
- ☐ CLIA Certificate copy
- ☐ Organizational Chart
- ☐ Business License

6 FOR CLIA

Agency Glucometer (brand/model): _____

Test Strips (brand/model): _____ **Lancets (brand/model):** _____

Also email copies of: *(check each document sent)*

- ☐ Zoning letter
- ☐ Insurance certificate
- ☐ New lease
- ☐ Sunbiz changes
- ☐ Proof of accreditation notification
- ☐ IRS tax ID letter with new address

• Medicaid providers must also update their information on the Medicaid provider site.

• **A new Emergency Plan must be completed and submitted.**

Save this document, type the information using Adobe Reader, and then email it to us.