



Traumatic Brain Injury Program Provider Agency Certification Change Request

Legal Name of Agency

DBA (Doing Business As) if applicable

Street Address (If additional service locations, please submit a new form for each location)

Table with 4 columns: Mailing Address, City, Zip Code, Phone, Fax, E-Mail Address

Reason for Request (Check all that apply)

- BMS requested service expansion
Office relocation due to emergency
Office relocation/same counties served
Office relocation/less counties served
Reduction of Counties Served and/or Services provided
Other

Administrator Approval:

As the authorized agent for the above-named provider agency, I am requesting the changes listed above. I understand that any change that I am requesting requires prior approval from Acentra Health.

Administrator/Director Printed Name Signature

Contact Person / Print Name Title Date of Request

Fax form to: Acentra Health Attn: TBI Waiver Manager, 1.866.607.9903

Do Not Write Below This Line
For UMC Use Only

Date request received:

Reviewed by:

Decision: [] Approved [] Denied (reason):

Date Provider Notified:

Date BMS Notified:

Change Request Form Instructions

When is this form required?

This form must be submitted to Acentra Health TBI Waiver whenever the agency has a change. This change may include but is not limited to changes in county (ies) served, change in location, change in services provided, change in authorized agent.

Additional documentation and information may be required after submitting this initial request.

Agency Information

All the information is required. If any of the information is different from the original (most recent) certification, please note this.

Reason for Request

Please be as specific as possible. This will help Acentra Health decide regarding the request.

Administrator Approval

This section must be completed and signed. Unsigned forms will be returned without any decision.

For UMC Office Use Only

Acentra Health will review the request for change and the provider will be notified within 30 days of the decision.