

PROVIDER CONTACT FORM

PLEASE RETURN THIS FORM WITH YOUR CONTRACT TO YOUR REGIONAL FIELD OFFICE

<p><u>Provider</u></p> <p>Provider Name: Address: Line 1: Line 2: City: State: County: Zip: Phone no: Fax no: Ext.: E-mail Address:</p>		<p><u>Executive Director -President/CEO</u></p> <p>Name: Title: Position: Degree: Phone no.: Ext.: E-mail Address:</p>	
<p><u>Chairperson of the Board</u></p> <p>Name: Title: Position: Degree: Address: Line 1: Line 2: City: State: Zip: Phone no.: Ext.:</p>		<p><u>Contact Information</u></p> <p>Name: Title: Position: Phone no: Ext.: E-mail Address:</p>	
<p><u>Person Receiving Payment Information</u></p> <p>Name: Title: Address (Please enter exactly as entered/supplied to the Office of the State Comptroller) Line 1: Line 2: City: State: Zip: Phone no.: Ext.: Fax no: E-mail Address:</p>		<p><u>Circle appropriate entry(ies)</u></p> <p>OMRDD OMH OASAS SED</p> <p>Article 28 Article 31 Auspice</p> <p>Auspice</p> <p>County State Voluntary Proprietary</p> <p>State Funded : <u>Yes</u> No</p> <p><u>Additional Information</u></p> <p>Federal ID #: Date Opened: Charity Registration: MMIS #: SFS ID #:</p>	
<p><u>Contract Handling:</u> (please enter information of the person who will be handling the contract processing)</p> <p>Name: Title: Address: Line 1: Line 2: City: State: Zip: Phone No.: Email address:</p>			