



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) _____

E-mail Address _____

Effective Date of Change _____

Signature of Administrator _____

Type Name of Administrator _____

Form may be faxed to: 217-782-0382
or mailed to:
Illinois Department of Public Health
4th Floor
525 West Jefferson Street
Springfield, IL 62761