

Step Two: Company Information/Additional Location

Primary Contact Person (Person designated to receive mailings): _____

Provider/Company Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **Fax:** (____) _____

Toll Free Phone: (____) _____ **Individual E-Mail:** _____

Company E-Mail: _____ **Website:** _____

This location offers the following types of services: (Please check all that apply)

<input type="checkbox"/> Home Health	Select Type (Please check ONE only):	<input type="checkbox"/> Certified - Home Health	<input type="checkbox"/> Licensed Home Health Only
<input type="checkbox"/> Hospice		<input type="checkbox"/> Certified - Hospice	<input type="checkbox"/> Licensed PSA Only
<input type="checkbox"/> Personal Services (Non-medical)		<input type="checkbox"/> Certified - Medicaid Only	<input type="checkbox"/> Not Licensed - Will Apply
<input type="checkbox"/> Business Office Only (No services from this office)			

This location accepts (Please check all that apply): CHOICE Commercial Medicaid Medicare Private Pay Waiver

Please check the counties that this location serves:

- | | | | | | | | |
|--------------------------------------|-----------------------------------|-------------------------------------|------------------------------------|-------------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Adams | <input type="checkbox"/> Crawford | <input type="checkbox"/> Fulton | <input type="checkbox"/> Jasper | <input type="checkbox"/> Marion | <input type="checkbox"/> Parke | <input type="checkbox"/> Spencer | <input type="checkbox"/> Wabash |
| <input type="checkbox"/> Allen | <input type="checkbox"/> Daviess | <input type="checkbox"/> Gibson | <input type="checkbox"/> Jay | <input type="checkbox"/> Marshall | <input type="checkbox"/> Perry | <input type="checkbox"/> Starke | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Bartholomew | <input type="checkbox"/> Dearborn | <input type="checkbox"/> Grant | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Martin | <input type="checkbox"/> Pike | <input type="checkbox"/> St. Joseph | <input type="checkbox"/> Warrick |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Decatur | <input type="checkbox"/> Greene | <input type="checkbox"/> Jennings | <input type="checkbox"/> Miami | <input type="checkbox"/> Porter | <input type="checkbox"/> Steuben | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Blackford | <input type="checkbox"/> DeKalb | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Johnson | <input type="checkbox"/> Monroe | <input type="checkbox"/> Posey | <input type="checkbox"/> Sullivan | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Boone | <input type="checkbox"/> Delaware | <input type="checkbox"/> Hancock | <input type="checkbox"/> Knox | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Pulaski | <input type="checkbox"/> Switzerland | <input type="checkbox"/> Wells |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Dubois | <input type="checkbox"/> Harrison | <input type="checkbox"/> Kosciusko | <input type="checkbox"/> Morgan | <input type="checkbox"/> Putnam | <input type="checkbox"/> Tippecanoe | <input type="checkbox"/> White |
| <input type="checkbox"/> Carroll | <input type="checkbox"/> Elkhart | <input type="checkbox"/> Hendricks | <input type="checkbox"/> LaGrange | <input type="checkbox"/> Newton | <input type="checkbox"/> Randolph | <input type="checkbox"/> Tipton | <input type="checkbox"/> Whitley |
| <input type="checkbox"/> Cass | <input type="checkbox"/> Fayette | <input type="checkbox"/> Henry | <input type="checkbox"/> Lake | <input type="checkbox"/> Noble | <input type="checkbox"/> Ripley | <input type="checkbox"/> Union | |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Floyd | <input type="checkbox"/> Howard | <input type="checkbox"/> LaPorte | <input type="checkbox"/> Ohio | <input type="checkbox"/> Rush | <input type="checkbox"/> Vanderburgh | |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Fountain | <input type="checkbox"/> Huntington | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Orange | <input type="checkbox"/> Scott | <input type="checkbox"/> Vermillion | |
| <input type="checkbox"/> Clinton | <input type="checkbox"/> Franklin | <input type="checkbox"/> Jackson | <input type="checkbox"/> Madison | <input type="checkbox"/> Owen | <input type="checkbox"/> Shelby | <input type="checkbox"/> Vigo | |

Please check the services that this location provides:

<input type="checkbox"/> Attendant Care	<input type="checkbox"/> Home Medical Equipment	<input type="checkbox"/> Medical Social Worker	<input type="checkbox"/> Respite Care
<input type="checkbox"/> Cardiac Care	<input type="checkbox"/> Hospice	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Sitter
<input type="checkbox"/> Companion Care	<input type="checkbox"/> Infusion Therapy	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Skilled Nursing
<input type="checkbox"/> Diabetic Care	<input type="checkbox"/> Maternal/Child	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Speech Therapy
<input type="checkbox"/> Home Health Aide	<input type="checkbox"/> Medical Adult Day Care	<input type="checkbox"/> Respiratory Care	<input type="checkbox"/> Wound Care Management
<input type="checkbox"/> Home Maker	<input type="checkbox"/> Other _____		

Please photocopy for each additional location.

For Office Use ONLY

Welcome Packet Sent ____ / ____ / 20____

Parent Company: _____

Profile Update: What? _____ Date: ____ / ____ / 20____ By: _____

Profile Update: What? _____ Date: ____ / ____ / 20____ By: _____

Profile Update: What? _____ Date: ____ / ____ / 20____ By: _____

Profile Update: What? _____ Date: ____ / ____ / 20____ By: _____