



PROVIDER INFORMATION

Provider Name:

DBA (if applicable):

NPI(s):

PROVIDER ADDRESS

Street:

City:

State:

Zip Code:

Phone:

Fax:

Email:

ADDITIONAL CONTACT INFORMATION

Provider Contact:

Title:

Phone:

Fax:

Email:

Credentialing Contact:

Title:

Phone:

Fax:

Email:

PLEASE CHECK THE COUNTIES THAT YOU ARE LICENSED TO PROVIDE SERVICES IN

Allegany

Chautauqua

Livingston

Orleans

Tioga

Yates

Broome

Chemung

Monroe

Schuyler

Tompkins

Other:

Cattaraugus

Erie

Niagara

Seneca

Wayne

.....

Cayuga

Genesee

Ontario

Steuben

Wyoming

.....

Completed By:

Title:

Date:

PLEASE CHECK ALL SERVICES YOUR ORGANIZATION PROVIDES

<input type="checkbox"/> Medical Care Providers <input type="checkbox"/> Ambulatory Care <input type="checkbox"/> Audiology <input type="checkbox"/> Dental <input type="checkbox"/> Optometry <input type="checkbox"/> Podiatry <input type="checkbox"/> Preventative Care <input type="checkbox"/> Primary Care <input type="checkbox"/> Rehabilitation Therapy <input type="checkbox"/> Wellness Care <input type="checkbox"/> Specialists (Please Specify):	<input type="checkbox"/> Free Standing Clinic <input type="checkbox"/> Article 16 – OPWDD <input type="checkbox"/> Article 28 – DOH <input type="checkbox"/> Article 31 – OMH <input type="checkbox"/> Article 32 – OASAS <input type="checkbox"/> Audiology <input type="checkbox"/> Chronic Disease Self-Management <input type="checkbox"/> Day Treatment <input type="checkbox"/> Dental <input type="checkbox"/> Enrollee Education Services <input type="checkbox"/> FQHCs <input type="checkbox"/> General <input type="checkbox"/> Medication Management <input type="checkbox"/> Nutrition <input type="checkbox"/> Optometry <input type="checkbox"/> Partial Hospitalization <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychiatric <input type="checkbox"/> Therapy	<input type="checkbox"/> Outpatient Hospital <input type="checkbox"/> Audiology <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Day Treatment <input type="checkbox"/> Dental <input type="checkbox"/> Emergency Room <input type="checkbox"/> General <input type="checkbox"/> Laboratory <input type="checkbox"/> Nutrition <input type="checkbox"/> Optometry <input type="checkbox"/> Partial Hospitalization <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychiatric <input type="checkbox"/> Rehabilitation Therapy Providers	<input type="checkbox"/> Inpatient Hospital <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Dental <input type="checkbox"/> General <input type="checkbox"/> Psychiatric <input type="checkbox"/> Residential Treatment Facility <input type="checkbox"/> Substance Abuse Services <input type="checkbox"/> Miscellaneous (Please specify miscellaneous service)
<input type="checkbox"/> Assistive Technology <input type="checkbox"/> Adaptive Devices <input type="checkbox"/> Environmental Modifications	<input type="checkbox"/> Fiscal Intermediary	<input type="checkbox"/> Nursing	<input type="checkbox"/> Respite
<input type="checkbox"/> Behavioral Health Rehabilitation Services <input type="checkbox"/> ACT <input type="checkbox"/> OMH <input type="checkbox"/> PROS	<input type="checkbox"/> Home Health	<input type="checkbox"/> Pathway to Employment Habilitation	<input type="checkbox"/> Skilled Facility Nursing
<input type="checkbox"/> Community Habilitation	<input type="checkbox"/> Intensive Behavioral Support (IBP)	<input type="checkbox"/> Prevocational Services	<input type="checkbox"/> Supported Employment Habilitation (SEMP)
<input type="checkbox"/> Day Habilitation	<input type="checkbox"/> LTSS: Adult Day Health	<input type="checkbox"/> Regional START Team	<input type="checkbox"/> Supportive Health Services <input type="checkbox"/> School Based <input type="checkbox"/> Early Intervention
<input type="checkbox"/> Family Education and Training	<input type="checkbox"/> LTSS: Personal Care	<input type="checkbox"/> Residential Habilitation <input type="checkbox"/> IRA Supervised <input type="checkbox"/> IRA Supported <input type="checkbox"/> Family Care	

Please email or mail completed form to Person Centered Services

To: Jillian Greenbaum Email: JGreenbaum@personcenteredservices.com

Mail: Jillian Greenbaum, 560 Delaware Ave., Buffalo, NY 14202

