



DEPARTMENT OF SOCIAL SERVICES  
 MISSOURI MEDICAID AUDIT & COMPLIANCE  
**PROVIDER PROFILE FORM FOR "PERSONAL CARE" IN A RCF OR ALF**

**PLEASE TYPE OR PRINT ALL FORMS IN BLACK INK  
 ANSWERS ARE REQUIRED FOR ALL QUESTIONS – USE "N/A" OR "NONE" IF APPLICABLE**

PROVIDER AGENCY LEGAL NAME, AS REGISTERED WITH THE IRS AND MO SECRETARY OF STATE

PROVIDER AGENCY DOING BUSINESS AS (DBA) NAME, AS REGISTERED WITH MO SECRETARY OF STATE (if applicable)

PROVIDER FULL PHYSICAL ADDRESS

COUNTY

PROVIDER FULL MAILING ADDRESS (for correspondence, remittance advices and tax forms)

NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER

MISSOURI EMPLOYER IDENTIFICATION NUMBER

FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) FROM IRS

BUSINESS E-MAIL ADDRESS

FACILITY LICENSE NUMBER (**RCF ONLY**) – ATTACH A COPY OF LICENSE

BUSINESS TELEPHONE NUMBER WITH AREA CODE

NAME OF ADMINISTRATOR/DIRECTOR

BUSINESS FAX NUMBER WITH AREA CODE

DAYS AND HOURS OF OPERATION FOR BUSINESS/RECORDS OFFICE

**SUBMIT THIS FORM WITH REST OF ENROLLMENT PACKET TO:**

MISSOURI MEDICAID AUDIT & COMPLIANCE  
 ATTN: CONTRACTS UNIT  
 3418 Knipp Drive, Suite F  
 JEFFERSON CITY, MO 65109

Any questions should be submitted to: [MMAC.IHSContracts@dss.mo.gov](mailto:MMAC.IHSContracts@dss.mo.gov)

Telephone Number: 573-751-3399

Fax Number: 573-634-3105

**THIS BLOCK IS FOR STATE USE ONLY:**

PROVIDER NUMBER:

KEYED:

EFFECTIVE:

END:

INITIALS: