	PROVIDER IDENTIFIER:			EFF: STATUS:				
STATE OFFICE	PARM: CLINIC/GROUP #:			END:				
	CROSS REF:			KEYED:	INITIALS:			
DEPARTMENT OF SOCIAL SERVICES MISSOURI MEDICAID AUDIT AND COMPLIANCE MISSOURI MEDICAID REASSESSMENTS PROVIDER QUESTIONNAIRE								
(PLEASE TYPE OR PRINT ALL FORMS IN BLACK INK)								
PROVIDER NAME A		STATE OFFICE USE ONLY						
PROVIDER ADDRESS AS LICENSED (do not use PO Box only)				CITY		COUNTY	STATE	ZIP CODE
PROVIDER NAME, AS REGISTERED WITH THE IRS, THAT MATCHES THE NUMBER ENTERED IN FIELD 14 This information will be used for paper checks, remittance advices, and tax records. Indicate entity name and doing business as (DBA) name, if applicable.								
DBA								
REMITTANCE ADVICE ADDRESS (do not use a bank address)				CITY			STATE	ZIP CODE
NUMBER THAT MATCHES THE NAME IN FIELD 9 AND ENTER THE NUMBER								
Social Security Number:								
☐ Federal Employer Tax ID No - used for IRS reporting: -								
BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE) PROVIDER TYPE								
() -				27 REASSESSMENTS				
Individual Partnership Hospital-Based Physician Corporation								
Charitable City, Municipal, County, District, State Owned Privately Owned/Sole Proprietor								
MEDICAID PROGRAMS CURRENTLY ENROLLED IN <u>AND</u> NPI Personal Care (in-home services only) Aged & Disabled Waiver Consumer Directed Services								
Residential Care Facility – Personal Care Adult Day Care Waiver Independent Living Waiver								
NPI: NPI: NATIONAL PROVIDER IDENTIFIER (NPI) FOR THIS APPLICATION. If using one NPI for multiple MO HealthNet provider programs, the Provider Taxonomy Code that pertains to this application must also be entered. Visit https://nppes.cms.hhs.gov/NPPES/Welcome.do to apply for an NPI or https://npbes.cms.hhs.gov/NPPEs/Welcome.do to apply for an NPI or https://npbes.cms.hhs.gov/NPPEs/Welcome.do to apply for an NPI or								

(04/2024)