DEPARTMENT OF SOCIAL SERVICES
MISSOURI MEDICAID AUDIT & COMPLIANCE

MISSOURI MEDICAID PERSONAL CARE PROVIDER QUESTIONNAIRE FOR RCF & 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	BUSINESS E-MAIL ADDRESS
FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) FROM IRS	BUSINESS TELEPHONE NUMBER WITH AREA CODE
FACILITY LICENSE NUMBER (**RCF ONLY**) – ATTACH A COPY OF LICENSE	BUSINESS FAX NUMBER WITH AREA CODE
NAME OF ADMINISTRATOR	

CIRCLE SPECIALTY CODE(S) TO BE ASSIGNED

76 – PERSONAL CARE CLINIC

CHECK TYPE OF PRACTICE

INDIVIDUAL PRACTICE ☐ PARTNERSHIP ☐ CORPORATION (INC, LLC) ☐ CHARTABLE ☐ PRIVATELY OWNED ☐
CITY, MUNICIPAL, COUNTY, DISTRICT, OR STATE OWNED ☐

SUBMIT THIS FORM WITH REST OF ENROLLMENT PACKET TO:

MISSOURI MEDICAID AUDIT & COMPLIANCE
ATTN: CONTRACTS UNIT
P.O. BOX 6500
205 JEFFERSON STREET, 2ND FLOOR
JEFFERSON CITY, MO 65102

Any questions should be submitted to: MMAC.IHSContracts@dss.mo.gov

Telephone Number: 573-751-3399 Fax Number: 573-751-5065

THIS BLOCK IS FOR STATE USE ONLY:

PROVIDER NUMBER: **KEYED:**

EFFECTIVE: **END:** **INITIALS:**

Revised 4-2017