Council on Aging of Southwestern Ohio

Provider Information Form (PIF)

Date Completed:
By Whom:

THIS FORM IS INTENDED TO UPDATE INFORMATION MAINTAINED AND UTILIZED BY COA STAFF FOR YOUR AGENCY. Please keep in mind, especially with regard to Referrals for Service, this information may be critical to your agency's ability to receive and accept referrals, and to be awarded services. **Report all changes to the Provider Services Department immediately.**

Legal Name:	**Tax ID:**
Doing Business As (DBA):	
Main Office Street Address:	**Primary Business Phone:**
Main Office City, State, Zip:	**Fax:**
Main Office County: ☐ Butler ☐ Clermont ☐ Clinton ☐ Hamilton ☐ Warren ☐ Other (Explain):_____	**Governing Board**: ☐ **Yes** ☐ **No**
Organization structure: ☐ Incorporated ☐ Limited Liability Corporation ☐ Sole Proprietorship ☐ Other (non-profit, etc.):_____	**How are you available through Directory Assistance:** ☐ Yellow Pages ☐ White Pages ☐ 411 ☐ Other (Explain):_____
Agency Website:	**Bonded**: ☐ **Yes** ☐ **No**
Hours of Operation:	

ADMINISTATOR	**Phone:**
Name & Title:	**Fax:**
Address:	**E-mail:**
County: ☐ Butler ☐ Clermont ☐ Clinton ☐ Hamilton ☐ Warren ☐ Other (Explain):_____	

HOSPITAL ADMISSION ALERTS	**Phone:**
Name & Title:	**E-mail:**

REFERRALS	**Phone:**
Name & Title:	**Fax:**
Address:	**E-mail:**

BILLING	**Phone:**
Name & Title:	**Fax:**
Address:	**E-mail:**
County: ☐ Butler ☐ Clermont ☐ Clinton ☐ Hamilton ☐ Warren ☐ Other (Explain):_____	

CONTRACT SIGNER (Individual Authorized to Sign Contract)	**Phone:**
Name & Title:	**Fax:**
Address:	**E-mail:**
Contract information will be sent to the signatory listed above and additional contract below if completed:	
Name:	**Phone:**
Title:	**Fax:**
Address:	**E-mail:**

PROBLEM RESOLUTIONS	**Phone:**
Name & Title:	**Fax:**
Address:	**E-mail:**

CLINICAL CORRESPONDENCE	Phone:
Name & Title:	Fax:
Address:	E-mail:

EMERGENCIES	Cell Phone:
Name & Title:	Alternate Phone:

Additional Sites:

If your agency operates additional sites, please provide with the following information for each site:

1. **Site Name**
2. **Address (including Street Address, City, State, Zip code and County)**
3. **Phone**
4. **Fax**
5. **Days & hours of operation**
6. **Administrator's Contact name & email address**
7. **Referral Contact's name & e-mail address**

Thank you.

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