



## Provider Demographic and Contact Information Sheet

Name of Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

Agency Fax: \_\_\_\_\_

Agency website: \_\_\_\_\_

Service Area: \_\_\_\_\_ Genesee \_\_\_\_\_ Lapeer \_\_\_\_\_ Shiawassee (Check all that apply)

License Number (if applicable): \_\_\_\_\_

➤ Does your agency have an NPI? **Yes**   **or**   **No**

➤ If yes, please list your NPI: \_\_\_\_\_

➤ Is your agency enrolled in CHAMPS? **Yes**   **or**   **No**

➤ **If yes, please list CHAMPS ID** \_\_\_\_\_

➤ Is this agency considered a minority business: **Yes**   **or**   **No**

➤ If so, which? (see below)

☐ Asian/Pacific Island

☐ Hispanic Origin

☐ African American

☐ Persons with Disabilities

☐ Arab/Chaldean

☐ Female

☐ Native American/Alaskan

### Contact Information

Contract person: Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Contact person: Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_



## Provider Demographic and Contact Information Sheet

Programmatic Contact person: Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Interpreter services Available if Needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you ADA Compliant: \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you accepting new clients: \_\_\_\_\_ Yes \_\_\_\_\_ No