

~~Ohio Department of Transportation~~
INFORMATION UPDATE

The department's Provider Record file must reflect accurate information. It is essential that our office be informed of any change in address or other information. Please provide us with your current information and return it to the address listed below. You must inform the department within thirty days of any changes to your provider information including, but not limited to, address changes. Failure to do so may interrupt your claims processing.

PLEASE PRINT CLEARLY

Provider Number	
Name <i>(last name, first name, and middle initial)</i>	
If name change, state reason for change (e.g. marriage)	Effective Date
Current Address <i>(Street Address, City, State, Zip Code)</i>	County of Residence
Previous Address <i>(If different from above)</i>	
Home Telephone <i>(Include Area Code)</i>	Cell Phone <i>(Include Area Code)</i>
E-mail Address	
How many years have you been a resident of the state of Ohio?	
Signature	Date

Return Completed Form To

~~Ohio Department of Transportation~~
Bureau of Community Services Policy
P.O. Box 182709 5th Floor
Columbus, OH 43218-2709

TELEPHONE: (614) 466-6742
FAX: (614) 466-6945

You are also required, by the terms of your Ohio Medicaid Provider Agreement, to update your name &/or address with ODM Provider Enrollment @ (800) 686-1516 within 30 days of any change.