| PROVIDER Demographic Information | | | | |
| --- | --- | --- | --- | --- |
| Legal Provider Name: |  | | | |
| DBA ( if applicable): |  | | | |
| Tax ID(s): |  | | | |
| NPI (s): |  | | | |
| Lic# (s): |  | | | |
| PRIMARY SERVICE ADDRESS | | | | |
| Street: | | | | |
| City: | | State: | | Zip: |
| Phone: | | Fax: | | Email: |
| NPI: | | | Tax ID: | |

|  |  |  |
| --- | --- | --- |
| Organizational CONTACTS | | |
| **Provider Contact:** | | |
| Phone: | Fax: | Email: |
| **Credentialing Contact:** | | |
| Phone: | Fax: | Email: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please circle the NYS counties that you are licensed to provide service in: | | | | | |
| |  | | --- | | Albany | | Allegany | | Bronx | | Broome | | Cattaraugus | | Cayuga | | Chautauqua | | Chemung | | Chenango | | Clinton | | |  | | --- | | Columbia | | Cortland | | Delaware | | Dutchess | | Erie | | Essex | | Franklin | | Fulton | | Genesee | | Greene | | |  | | --- | | Hamilton | | Herkimer | | Jefferson | | Kings | | Lewis | | Livingston | | Madison | | Monroe | | Montgomery | | Nassau | | |  | | --- | | New York | | Niagara | | Oneida | | Onondaga | | Ontario | | Orange | | Orleans | | Oswego | | Otsego | | Putnam | | |  | | --- | | Queens | | Rensselaer | | Richmond | | Rockland | | Saratoga | | Schenectady | | Schoharie | | Schuyler | | Seneca | | St. Lawrence | | Steuben | | |  | | --- | | Suffolk | | Sullivan | | Tioga | | Tompkins | | Ulster | | Warren | | Washington | | Wayne | | Westchester | | Wyoming | | Yates | |
| **☐ All New York Counties** | | | | | |
| **Completed By:** | | | | | |
| **Title:** | | | **Date:** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PLEASE CHECK ALL SERVICES YOUR ORGANIZATION PROVIDES** | | | |
| Medical Care Providers  Primary Care  Ambulatory Care  Preventative Care  Wellness Care  Specialists (List):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Rehabilitation Therapy  Dental  Podiatry  Audiology  Optometry | Free Standing Clinic  General  FQHC’s  Article 16 – OPWDD  Article 28 – DOH  Article 31 – OMH  Article 32 – OASAS  Audiology  Chronic Disease Self-Management  Day Treatment  Dental  Enrollee Education Services  Medication Management  Nutrition  Optometry  Partial Hospitalization  Podiatry  Psychiatric  Therapy | Outpatient Hospital  Behavioral Health  Rehabilitation Therapy Providers  General  Audiology  Day Treatment  Dental  Emergency Room  Laboratory  Nutrition  Optometry  Partial Hospitalization  Podiatry  Psychiatric | Inpatient Hospital  Behavioral Health  Substance Abuse Services  General  Psychiatric  Substance Abuse  Dental  Residential Treatment Facility |
| Adaptive Services – Assistive Tech (CFCO) | HCBS Care Management | Moving Assistance | Respite |
| Assistive Technology | Home Delivered / Congregate Meals | Nursing | Services to Support Self Direction |
| Behavioral Health Rehabilitation Services  ACT  OMH  PROS | Home Health | Pathway to Employment Habilitation | Skilled Nursing Facility |
| Community Habilitation | Home Health Care (AIDE) | Personal Care/Consumer Directed Personal Assistance Program (CDPAS) | Support Brokerage |
| Community Transitional Services | Homemaker / Housekeeper | Personal Emergency Response (PERS) | Supported Employment Habilitation (SEMP) |
| Day Habilitation | Individual Directed Goods and Services | Prevocational Habilitation, site-based | Supportive Health Services  School Based  Early Intervention |
| Durable Medical Equipment / Medical Supplies | Intensive Behavioral Support (IBP) | Prevocational Habilitation, community-based | Transportation - non-emergency, medical |
| Environmental Modification | Live-in Caregiver | Regional START Team  Crisis Prevention  Response Services | Transportation - non-emergency, social |
| Family Education and Training | LTSS: Adult Day Health | Residential Habilitation  IRA Supported  IRA Supervised  Family Care | Vehicle Modification |
| Fiscal Intermediary | LTSS: Personal Care |  |  |
| Miscellaneous (Specify Miscellaneous Service) | | | |

**Please fax, email or mail completed form to Prime Care Coordination**

**Fax: 844-314-1308 / Email:** [PrimeNetwork@primecareny.org](mailto:PrimeNetwork@primecareny.org)

**Mail: Sharon Marble**

**Attn: Prime Care Coordination**

**860 Hard Rd. Webster, NY 14580**