

# FAX

<b>Date:</b>	02/24/2026
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<b>To:</b>	
<b>Phone</b>	
<b>Fax Phone</b>	+19725329272

<b>From:</b>	Arpit Patel
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**NOTE:**

Packet Routing Fax from PG : To: 9725329272, referenced id: 705202

## Ohio Department of Medicaid

## CHANGE OF PROVIDER DESIGNATION FOR CERTIFICATES OF MEDICAL NECESSITY

## Current Designated Provider

Provider name Care 208	Medicaid provider number 2000008	NPI 7777777001	Telephone number (123) 123-4567
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## Provider Assuming Designation

Provider name	Medicaid provider number	NPI	Telephone number
Representative name	Signature		Date of signature

## Reason for Change of Designation

<input type="checkbox"/> Integration of business identities ( <i>e.g., through acquisition or merger</i> ) <input type="checkbox"/> Discontinuation of business operations
<input type="checkbox"/> Other circumstance:

## Customer

Given (first) name	Family (last) name	Date of birth	Medicaid ID number
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## Item/Service Scope

<input type="checkbox"/> All items and services <input type="checkbox"/> Specific items/services [ <i>HCPCS code, description</i> ]:
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## Dates

Beginning date	Ending date*
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\* Short-term change of designation applies only to items that are temporarily out of stock but are available from another provider.