FAX

Date:	02/24/2026
Pages including cover sheet:	2

To:	
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NOTE:

Packet Routing Fax from PG : To: 9725329272, referenced id: 705203

Ohio Department of Medicaid

CHANGE OF PROVIDER DESIGNATION FOR CERTIFICATES OF MEDICAL NECESSITY

Current Designated Provider

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

Provider Assuming Designation

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

Reason for Change of Designation

☐ Integration of business identities *(e.g., through acquisition or merger)* ☐ Discontinuation of business operations

☐ Other circumstance:

Customer

Given (first) name	Family (last) name	Date of birth	Medicaid ID number

Item/Service Scope

☐ All items and services ☐ Specific items/services *[HCPCS code, description]*:

Dates

Beginning date	Ending date*

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