



LONG TERM CARE FACILITY NAME CHANGE

A facility name change request should include the following documentation.

- Current facility name and address
- Proposed facility name
- Effective date of the name change
- Documentation of name change filed with the Indiana Secretary of State

Please ensure you file an 855A with your Fiscal Intermediary if you are Medicare certified.

If you have any questions regarding the application process please contact Provider Services by email at ltcproviderservices@health.IN.gov .

Completed application packets should be sent to the following address.

Long Term Care Provider Services
Indiana State Department of Health
2 N. Meridian St., Section 4B
Indianapolis, IN 46204