

INDIANA DEPARTMENT OF HEALTH LONG TERM CARE FACILITY NAME CHANGE

A facility name change request should include the following documentation.

- Current facility name and address
- IDOH six-digit state facility ID
- 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. The form can be completed at <https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos/enrollment-applications>

If you have any questions regarding the application process, please contact Provider Services by email at tcproviderservices@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