

Routine Additional Site Request Form

(Complete this form if you are a contracted Provider/Agency requesting the addition of new sites.)

There must be a capacity need before a site will be added.

Please fax or email completed Additional Site Request Forms to your assigned Network Specialist.

Addition of Catchment Only - Request:

- Alamance/Caswell OPC Mecklenburg
 Five County Piedmont Triad

Provider Name: _____ Date Form Completed: _____

Provider Tax ID#: _____ Provider Medicaid #: _____

Provider Contact Name: _____

Phone Number(s): _____

Fax: _____ Email: _____

Additional Site Information

Facility Site/Name: _____ Facility License # : _____

Facility Site Address: _____ Yes No N/A
(If Yes, please provide copy)

Street Address: _____

City: _____ State: _____ ZIP + 4: _____

County: _____

Name/Title of Staff Person Contacted: _____

Phone: _____

Site Medicaid Number(s): _____

Site NPI Number: _____ Taxonomy Code(s) for NPI: _____

Bed Type: _____ Number of Beds: _____

(i.e., Residential, Psychiatric, Long Term Care)

Yes No Is this site currently reflected in NC Tracks?

If no, attach the Provider Enrollment Form or MCR Submission screenshot

Note: Requests for updates that do not appear in NC Tracks must be accompanied by a Provider Enrollment Form or MCR Screenshot for the request to be approved.

Facility Site/Name: _____ Facility License # : _____
Facility Site Address: _____ Yes No N/A
Street Address: _____ (If Yes, please provide copy)
City: _____ State: _____ ZIP + 4: _____
County: _____
Name/Title of Staff Person Contacted: _____
Phone: _____
Site Medicaid Number(s): _____
Site NPI Number: _____ Taxonomy Code(s) for NPI: _____
Bed Type: _____ Number of Beds: _____
(i.e., Residential, Psychiatric, Long Term Care)
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Local Community Office _____ Alamance/Caswell OPC Mecklenburg
 affiliated with site addition request: Five County Piedmont Triad
 Assigned Community Office Network Specialist: _____

Authorization to File Additional Site(s) Endorsement Application

To the best of my knowledge, my Agency is able to meet all requirements necessary to apply for additional services. I am submitting the attached Additional Services Endorsement Application, which, to my knowledge, is a true and complete representation of the requested materials.

Authorized Signature: _____ Date: _____
 Title: _____

