

AGENCY CLOSURE

Dear Provider:

To close your agency, submit the following information and/or documentation:

A letter on your agency's letterhead to CLOSE AGENCY to include:

- The agency's license number. The number is located on agency's license.
- The agency's name, complete address, city, state and zip code.
- Effective date of the closure.
- Signature of administrator on the letter (the name must be on record with the Department).
- Original license to operate issued by Indiana State Department of Health.

Please ensure you file an 855a with your Fiscal Intermediary if you are Medicare certified. Also, if you are Medicare Certified you will need to voluntarily terminate your provider agreement. Please refer to the section of this website which provides instructions on Medicare voluntary terminations.

Once the above mentioned documents are submitted and approved, the Department will update our database to reflect the changes and send a confirmation letter to the agency.

Submit closure request to:

Kelly Hemmelgarn
Program Director, Acute Care
Indiana State Department of Health
Acute Care Division
2 N Meridian St., Section 4A 07
Indianapolis, IN 46204