

## **BRANCH-ADDING**

Dear Provider:

To add a branch location, submit the following information:

**A letter on your agency's letterhead to ADD a branch location to include:**

- The agency's license number. The number is located on agency's license.
- The complete address of the branch the parent agency is requesting to add. Include the branch name, complete address, city, county, state, zip code and telephone number.
- Completed '*Branch Questionnaire for a Home Health Agency*' State Form 53209. Please make sure the questionnaire is filled out completely and is legible.
- Include the Geographic Area Served form and Counties Served form (both are included with the questionnaire)
- Signature of administrator on the letter (the name must be on record with the Department).

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

Submit 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

