

BRANCH-CLOSURE

Dear Provider:

To close your branch location, submit the following information:

A letter on your agency's letterhead to CLOSE your 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 close. Include the branch name, complete address, city, county, state, zip code and telephone number.
- Effective date of the branch closure.
- 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.

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 change 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

