ADDRESS, PHONE NUMBER, FAX NUMBER, E-MAIL CHANGES

To change the physical/mailing address, phone number, fax number, or e-mail address of your agency submit the following information and/or documentation:

A letter on your agency’s letterhead and include the following:

1. The agency’s license number. The number is located on agency’s license.

2. The new physical/mailing address, phone number, fax number, or e-mail address of your agency. The e-mail must be agency specific.

3. Please specify if this change is to be made to the corporation’s (owner) address, phone number, fax number, or e-mail address. If this is not included in the letter the Department will not change the legal entity’s address (i.e. corporation, llc).

4. Effective date of the change.

5. Signature of manager or owner on the letter (the name must be on record with the Department).

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:

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