



DEPARTMENT OF SOCIAL SERVICES
MISSOURI MEDICAID AUDIT AND COMPLIANCE UNIT
MISSOURI MEDICAID ADULT DAY CARE PROVIDER PROFILE

PLEASE TYPE OR PRINT CLEARLY

SECTION I: PROVIDER INFORMATION

1. LEGAL PROVIDER NAME AS FILED WITH THE SECRETARY OF STATE, INCLUDING DBA NAME

2. NATIONAL PROVIDER IDENTIFICATION NUMBER (NPI)

3. PHYSICAL ADDRESS

CITY

STATE

ZIP CODE

4. MAILING ADDRESS, IF DIFFERENT

CITY

STATE

ZIP CODE

5. TELEPHONE NUMBER

6. FAX NUMBER

7. E-MAIL ADDRESS

8. FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

10. ADULT DAY CARE LICENSE NUMBER

11. COUNTIES FOR WHICH TRANSPORTATION WILL BE PROVIDED

SECTION II: PERSONNEL INFORMATION

12. ON-SITE MANAGER OR CONTACT PERSON

13. REGISTERED NURSE

14. REGISTERED NURSE LICENSE NUMBER

Revised 8/15

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