



Traumatic Brain Injury Program
Provider Agency Certification
Change Request

Legal Name of Agency

DBA (Doing Business As) if applicable

Street Address (If additional service locations, please submit a new form for each location)

Mailing Address

City Zip Code

Phone Fax E-Mail Address

Reason for Request:

As the authorized agent for the above named provider agency, I am requesting the following change(s):

Three horizontal lines for providing details of the requested change(s).

Administrator Approval:

I understand that any change that I am requesting requires prior approval from APS Healthcare, Inc.

Administrator/Director Printed Name Signature

Contact Person / Print Name Title Date of Request

Fax form to: APS Healthcare, Inc. attn: TBI Waiver Manager, 1.866.607.9903

Do Not Write Below This Line
For ASO Use Only

Date request received:

Reviewed by:

Decision: Approved Denied (reason):

Date Provider Notified:

Date Molina Notified:

Date BMS Notified:

## **Change Request Form Instructions**

### **When is this form required?**

This form must be submitted to APS Healthcare TBI Waiver whenever the agency has a change. This change may include but is not limited to: change in county(ies) served, change in location, change in services provided, change in authorized agent.

Additional documentation and information may be required after submitting this initial request.

### **Agency Information**

All the information is required. If any of the information is different from the original (most recent) certification please note this.

### **Reason for Request**

Please be as specific as possible. This will help APS Healthcare make a decision regarding the request. Additional information may be required before a decision can be made.

### **Administrator Approval**

This section must be completed and signed. Unsigned forms will be returned without any decision.

### **For ASO Office Use Only**

APS Healthcare TBI Waiver Manager will review the request for change and the provider will be notified within 30 days of the decision.