

St. Clair County Community Mental Health



Request for New Location Code

Location Name: \_\_\_\_\_

Date Location to Begin: \_\_\_\_\_

Location Type: Contract: \_\_\_\_\_ Direct: \_\_\_\_\_ DCO: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

EIN/SSN: \_\_\_\_\_ NPI#: \_\_\_\_\_

For Hospital only: Medicaid Provider Type: \_\_\_\_\_

For Residential only: License #: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Number of Beds: \_\_\_\_\_

Vendor Name/Address (if different than above): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Add the following CPT Codes and Information:

CPT Code	Case Number (if applicable)	Contract Rate	Internal Rate

Contract Manager Signature: \_\_\_\_\_

Date Received by Data Management: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Initials: \_\_\_\_\_

- cc: Karen Farr
- Heather Grybowski
- Jennifer O'Dell
- Tammy Sparks
- Dana Pemberton-Sergent
- Irene Schuck (Residential/Hospital Only)

**Location Number Assigned:** \_\_\_\_\_