

ADDENDUM TO SPECIAL PROVISIONS FOR HOSPITAL PROVIDERS

If Provider operates a psychiatric or rehabilitation unit, it must be certified by Medicare and accredited by The Joint Commission or the American Osteopathic Association for the psychiatric and/or rehabilitation unit. If Provider also operates an Acute Level II unit, those beds must be licensed as a Hospital and must follow the applicable staffing requirements, found at O.A.C. 317:30-5-95 et seq. Provider agrees to bill for services provided in a psychiatric and/or rehabilitation unit using a separate provider number by completing this addendum to their Hospital contract.

IF THIS IS AN INITIAL REQUEST, PLEASE EMAIL FORM TO PROVIDERENROLLMENT@OKHCA.ORG.

FOR RENEWALS OF AN EXISTING ADDENDUM AGREEMENT, PLEASE UPLOAD THE FORM ALONG WITH YOUR HOSPITAL'S REGULAR RENEWAL DOCUMENTS TO THE ONLINE ENROLLMENT PORTAL.

Complete each section as applicable:

This

addendum is for a	New Contract	Renewal
Psychiatric Unit		
Physical/Service Locati		N/A if same as parent organization)
NPI:	Medica	are Approval Date:
Tax ID:	Provide	er ID:
Psychiatric Unit- Acut	e Level II	
Physical/Service Locati		N/A if same as parent organization)
NPI:		
Tax ID:	Provide	er ID:







Admin: 405-522-7300 Helpline: 800-987-7767



Rehabilitation Unit

Physical/Service Location:	
	(Enter N/A if same as parent organization
NPI:	Medicare Approval Date:
Tax ID:	_ Provider ID:

For Internal OHCA Use Only:

OHCA Provider ID:

Comments:



