



Location Update Form

Please complete form and email to OhioContracting@centene.com or use the submit button below.

Handwritten forms are unable to be processed.

If you participate in a PHO, please notify your respective contact for changes.

If you have questions, please contact Provider Services at 866-296-8731

Group Name	
Official Name as Appears on W9	
Tax ID/ IRS Number	
Contact Name	
Contact Title	
Contact Phone	
Contact Email	
Change Effective Date	
Change Comment or Description	

Please select your change Type:

- Add a New Location (Please complete pages 1, 2 and 6)
- Remove a Closed Location (Please complete pages 1 and 3)
- Location Change (Please complete pages 1, 4 and 6)
- Remove Existing Location from Buckeye Directory (Please complete pages 1 and 5)

Typed Name of the person completing this form:	
Date:	

Please do not submit form until all required pages are complete!



Add A Location

Please list the new addresses below:

Group Tax ID	Location Name as it should appear in Directory	Address	Address Line2	City	State	Zip	County	Phone	Fax	List in Directory

Please list the providers who are practicing at the new location:

NPI	First Name	Last Name	MI	PCP	Specialty	Capacity (for PCPs Only)	Age Restrictions	Gender Restrictions	Accepting New Patients



Closed Address

Please list the closing addresses to be removed:

Group Tax ID	Location Name	Address	Address Line2	City	State	Zip

Please list the practitioners who should be removed from the locations:

NPI	First Name	Last Name	MI	Specialty



Location Change

Please list the old address:

Group Tax ID	Location Name	Address	Address Line2	City	State	Zip

Please list the new address:

Group Tax ID	Location Name	Address	Address Line2	City	State	Zip	Phone	List in Directory

Please list the providers who are moving:

NPI	First Name	Last Name	MI	PCP	Specialty	Capacity (for PCPs Only)	Age Restrictions	Gender Restrictions	Accepting New Patients



Directory Suppress

Please use this form to remove an existing location from the Buckeye Directory.

Locations that should no longer appear in the directory:

Group Tax ID	Location Name	Address	Address Line2	City	State	Zip

Please list the providers that this applies to:

NPI	First Name	Last Name	MI	Specialty



Physical Accessibility Survey

**(Complete a separate survey form for each office location.)*

Location Name		Address		City		State		Zip	
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Part I. Parking:

- Is there adequate, marked accessible (handicap) parking (1 in 25 or 10% of total spaces) at clinic that service people with mobility disabilities?
- Do you have at least 1 space that is van accessible in your parking lot?
- Is there an access aisle next to each marked space?

Part II. Route:

- Does the location provide easy access to public transportation?
- Is the route of travel to the building stable, firm and slip resistant and at least 36" wide?

Part III. Entry:

- If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entrance?
- Is the entry door at least 34" wide?
- Does the entry door have a push pad or easy assist system?
- Are elevators located on an accessible route with care control buttons designated with both raised characters and Braille symbols that are no higher than 54 inches from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions?

Part IV. Restrooms:

- Is your restroom large enough to accommodate a patient who uses an adult wheelchair or scooter?
- Are the entry doors to the restrooms are at least 36" wide, and easy to open?
- Does the toilet door or stall have a minimum clear opening of 32"?
- Is there at least one open space (at least 42") to the side of the toilet?
- Are there grab bars behind and to the wall side of the toilet?
- Is the top of the toilet seat 17-19" from the floor?
- Are the soap and towel dispensers 48" or less from the floor?

Part V. Exam Room:

- Is at least one of your exam rooms via an accessible route (no less than 36" wide) with an entry door at 32" clear opening with a minimum a 30" by 48" clear approach next to an examination table for transfer from a wheelchair?

Part VI. Equipment:

- Does your practice have access to a wheelchair scale?
- Does your practice have a height adjustable exam table?

Part VII. Accommodations:

- Are staff members trained to assist with transfers on/off of examination table?

Scoring (For Use by Health Plan Only)

Basic Access = All Elements Above Met

Limited Access = 1 or more Elements Missing

Medical Equipment Access = Exam Table and Weight Scale Available