



KATHY HOCHUL  
Governor

ANN MARIE T. SULLIVAN, M.D.  
Commissioner

MOIRA TASHJIAN, MPA  
Executive Deputy Commissioner

**PROVIDER CONTACT FORM**

**PLEASE RETURN THIS FORM WITH YOUR CONTRACT TO YOUR REGIONAL FIELD OFFICE**

<b><u>Provider</u></b>		<b><u>Executive Director -President/CEO</u></b>	
Legal Provider Name:		Name:	Ext.:
Legal Address:		Title:	
Line 1:		Phone no.:	
Line 2:		<b>E-mail Address:</b>	
City:			
State:			
County:			
Phone no:			
Fax no:	Zip:		
E-mail Address:			
	Ext.:		
<b><u>Chairperson of the Board</u></b>		<b><u>Office Contact For Provider</u></b>	
Name:		Name:	
Title:		Title:	
Address:		Phone no:	
Line 1: Line		Ext.	
2:		<b>E-mail Address:</b>	
City:			
State:			
Phone no.:			
Email Address:	Zip:		
	Ext.:		
<b><u>Person Receiving Payment Information</u></b>		<b><u>Circle appropriate entry(ies)</u></b>	
Name:		OPWDD	OMH
Title:		OASAS	SED
Address (Please enter exactly as entered/supplied to the Office of the State Comptroller)		Article 28	Article 31
Line 1:		Auspice	
Line 2:		County	State
City:		Voluntary	Proprietary
State:		<b>State Funded :</b>	Yes
	Zip:		No
Phone no.:	Ext.:		
Fax no:			
E-mail Address:			
<b><u>Contract Handling:</u></b> (please enter information of the person who will be handling the contract processing)		<b><u>Additional Information</u></b>	
Name:		Federal ID #:	
Title:		Date Opened:	
Address:		Charity Registration:	
Line 1:		MMIS #:	
Line 2:		SFS ID #:	
City:			
State:	Zip:		
Phone No.:			
Email address:			