

VENDOR CONTACT SPECIFICATION

NAME OF AGENCY:		DATE:
FEDERAL ID/SSN:		WEBSITE:
ADDRESS:		PHONE:
PERSONAL SERVICE AGENCY YES NO		HOME HEALTH CARE AGENCY YES NO
OTHER-please list:		
DOES YOUR AGENCY PROVIDE MEDICAID PA SERVICES?		EDS#:

CHECK THE COUNTIES YOU CAN SERVE

DAVISS	DUBOIS	GREENE	KNOX	MARTIN	PIKE
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CORPORATE CONTACT (FOR CONTRACT INFORMATION, UPDATES, AND SIGNATURES)

NAME:	TITLE:
PHONE:	EMAIL:

LOCAL ADMINISTRATIVE CONTACT

NAME:	TITLE:
PHONE:	EMAIL:

REFERRAL & STAFFING CONTACT

NAME:	TITLE:
PHONE:	EMAIL:

FISCAL CONTACT

NAME:	TITLE:
PHONE:	EMAIL:

VENDOR AUTHORIZATION FORM SHOULD BE SENT TO

NAME:	EMAIL:
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SIGNATURE

DATE

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