



## Provider Enrollment Change Request for Community Choices Waiver Services for Provider Type 83 (Center-Based Respite Care)

If your agency is currently enrolled as Medicaid provider type 83 (Center-Based Respite Care) use this form to become a provider of Community Choices Waiver services as identified below.

Complete all applicable information as indicated below and return to:

Gainwell Provider Enrollment Unit  
PO Box 80159  
Baton Rouge, LA 70898-0159

Provider Number:	LA Medicaid Provider #	National Provider Identifier (NPI)
Provider Name:		
Physical Address:		
Contact Person for questions regarding this form:		
Contact Person Phone Number:	(     )     -	

Provider Sub-Specialty to add	Additional Required Documents
To provide Center-Based, Overnight Caregiver Temporary Support select the following code: <input type="checkbox"/> 8D (– Caregiver Temporary Support)	Not Applicable

\_\_\_\_\_  
Print Authorized Representative's Name

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date of Signature  
DD/MM/YYYY

Complete this form in its entirety. Original signature required – blue ink only