

PROVIDER DEMOGRAPHIC INFORMATION	
Legal Provider Name:	
DBA (if applicable):	
Tax ID(s):	
NPI (s): (if applicable):	
Lic# (s):	

PRIMARY SERVICE ADDRESS		
Street:		
City:	State:	Zip:
Phone:	Fax:	Email:
NPI:	Tax ID:	

ORGANIZATIONAL CONTACTS		
Provider Contact:		
Phone:	Fax:	Email:
Referral Contact:		
Phone:	Fax:	Email:

PLEASE CIRCLE THE NYS COUNTIES THAT YOU ARE LICENSED TO PROVIDE SERVICE IN:					
Albany	Columbia	Hamilton	New York	Queens	Suffolk
Allegany	Cortland	Herkimer	Niagara	Rensselaer	Sullivan
Bronx	Delaware	Jefferson	Oneida	Richmond	Tioga
Broome	Dutchess	Kings	Onondaga	Rockland	Tompkins
Cattaraugus	Erie	Lewis	Ontario	Saratoga	Ulster
Cayuga	Essex	Livingston	Orange	Schenectady	Warren
Chautauqua	Franklin	Madison	Orleans	Schoharie	Washington
Chemung	Fulton	Monroe	Oswego	Schuyler	Wayne
Chenango	Genesee	Montgomery	Otsego	Seneca	Westchester
Clinton	Greene	Nassau	Putnam	St. Lawrence	Wyoming
				Steuben	Yates
<input type="checkbox"/> All New York Counties					
Completed By:					Date:

Please return completed form to:
Lisa Hayes, Director of Provider Relations
 Email: lisa.hayes@lifeplanccony.com
 Attn: Network Development
lifeplanccony.com (315) 565.2612

PLEASE CHECK ALL SERVICES YOUR ORGANIZATION PROVIDES

<input type="checkbox"/> Medical Care Providers <input type="checkbox"/> Primary Care <input type="checkbox"/> Ambulatory Care <input type="checkbox"/> Preventative Care <input type="checkbox"/> Wellness Care <input type="checkbox"/> Specialists (List): <hr/> <hr/> <hr/> <input type="checkbox"/> Rehabilitation Therapy <input type="checkbox"/> Dental <input type="checkbox"/> Podiatry <input type="checkbox"/> Audiology <input type="checkbox"/> Optometry	<input type="checkbox"/> Free Standing Clinic <input type="checkbox"/> General <input type="checkbox"/> FQHC's <input type="checkbox"/> Article 16 – OPWDD <input type="checkbox"/> Article 28 – DOH <input type="checkbox"/> Article 31 – OMH <input type="checkbox"/> Article 32 – OASAS <input type="checkbox"/> Audiology <input type="checkbox"/> Chronic Disease Self-Management <input type="checkbox"/> Day Treatment <input type="checkbox"/> Dental <input type="checkbox"/> Enrollee Education Services <input type="checkbox"/> Medication Management <input type="checkbox"/> Nutrition <input type="checkbox"/> Optometry <input type="checkbox"/> Partial Hospitalization <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychiatric <input type="checkbox"/> Therapy	<input type="checkbox"/> Outpatient Hospital <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Rehabilitation Therapy Providers <input type="checkbox"/> General <input type="checkbox"/> Audiology <input type="checkbox"/> Day Treatment <input type="checkbox"/> Dental <input type="checkbox"/> Emergency Room <input type="checkbox"/> Laboratory <input type="checkbox"/> Nutrition <input type="checkbox"/> Optometry <input type="checkbox"/> Partial Hospitalization <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychiatric	<input type="checkbox"/> Inpatient Hospital <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Substance Abuse Services <input type="checkbox"/> General <input type="checkbox"/> Psychiatric <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Dental <input type="checkbox"/> Residential Treatment Facility
<input type="checkbox"/> Adaptive Services – Assistive Tech (CFCO)	<input type="checkbox"/> HCBS Care Management	<input type="checkbox"/> Moving Assistance	<input type="checkbox"/> Respite
<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Home Delivered / Congregate Meals	<input type="checkbox"/> Nursing	<input type="checkbox"/> Services to Support Self Direction
<input type="checkbox"/> Behavioral Health Rehabilitation Services <input type="checkbox"/> ACT <input type="checkbox"/> OMH <input type="checkbox"/> PROS	<input type="checkbox"/> Home Health	<input type="checkbox"/> Pathway to Employment Habilitation	<input type="checkbox"/> Skilled Nursing Facility
<input type="checkbox"/> Community Habilitation	<input type="checkbox"/> Home Health Care (AIDE)	<input type="checkbox"/> Personal Care/Consumer Directed Personal Assistance Program (CDPAS)	<input type="checkbox"/> Support Brokerage
<input type="checkbox"/> Community Transitional Services	<input type="checkbox"/> Homemaker / Housekeeper	<input type="checkbox"/> Personal Emergency Response (PERS)	<input type="checkbox"/> Supported Employment Habilitation (SEMP)
<input type="checkbox"/> Day Habilitation	<input type="checkbox"/> Individual Directed Goods and Services	<input type="checkbox"/> Prevocational Habilitation, site-based	<input type="checkbox"/> Supportive Health Services <input type="checkbox"/> School Based <input type="checkbox"/> Early Intervention
<input type="checkbox"/> Durable Medical Equipment / Medical Supplies	<input type="checkbox"/> Intensive Behavioral Support (IBP)	<input type="checkbox"/> Prevocational Habilitation, community-based	<input type="checkbox"/> Transportation - non-emergency, medical
<input type="checkbox"/> Environmental Modification	<input type="checkbox"/> Live-in Caregiver	<input type="checkbox"/> Regional START Team <input type="checkbox"/> Crisis Prevention <input type="checkbox"/> Response Services	<input type="checkbox"/> Transportation - non-emergency, social
<input type="checkbox"/> Family Education and Training	<input type="checkbox"/> LTSS: Adult Day Health	<input type="checkbox"/> Residential Habilitation	<input type="checkbox"/> Vehicle Modification
<input type="checkbox"/> Fiscal Intermediary	<input type="checkbox"/> LTSS: Personal Care		
<input type="checkbox"/> Miscellaneous (Specify Miscellaneous Service)			