



CDC+ Consultant Information Update Form



Instructions: This form is to be used for currently registered CDC+ Consultants and should be submitted after changes have been made in ABC/FMMIS through established procedures with Provider Enrollment. Submit this form only for the following reasons:

1. Update contact information such as your email address, last name, or address.
2. To terminate registration as a CDC+ Consultant.
3. To change the name of the Agency you are affiliated

Type or clearly print all information. Sign and date the form. Keep a copy for your records and give the original form to the Regional office with which you or your agency has executed a Memorandum of Agreement. The Regional office will submit to CDC+ State office for processing.

Note: In order to change from Solo to Agency affiliated or vice versa, please follow the steps required for registering as a CDC+ Consultant and submit a CDC+ Consultant Registration packet for either Agency or Solo provider.

Reason for Submission (Please Check those that apply)

- Change in name
- Change in contact information (address, phone number, email address, etc.)
- Change name of agency you are affiliated with
- Terminate consultant registration effective _____

Provide only the information that needs to be updated:

First Name: _____ Last Name: _____

Consultant Medicaid Provider #: _____

Agency Name (if Agency Affiliated): _____

Agency Medicaid Provider #: _____

Address: _____

Work Phone: _(____) _____

Cell Phone: _(____) _____

Fax Number: _(____) _____

E-mail Address: _____

Signature _____

Date: _____

Print Name _____