

Provider information

Name of Hospital Facility		Date	
Address		Medicaid Provider Number	
City	FTIN	Zip Code	

Facility Description

Describe the ambulatory room and board facility including physical location (e.g. distance from the hospital building, number of beds available, etc. Attach additional sheets, if necessary)

Services Available to Clients

List the services available to clients in ambulatory room and board (e.g. meals, lodging, nursing, laundry service, etc.)

Ambulatory room and board charges

		Lodging per day			Meals per day
Client only	A0180		A0190		
Attendant only	A0200		A0210		
Client & an attendant	A0180-22				

Contact person for ambulatory room and board services

Name of Hospital Facility	Title	Department	Phone Number

Agreement completed by:

Name of Hospital Facility	Title	Department	Phone Number

FOR OFFICE USE ONLY

Comments

Signature of Authorizing Agent

Date

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