

ATTACHMENT I

Notification of DSDHH RFA Information Change

In accordance to Section 6.13 of the Contract, I hereby notify DSDHH of the following change(s). **Personnel changes must be submitted and on file with DSDHH prior to a new employee certifying and / or fitting applicants for EDS hearing aid assistance. Complete all sections as appropriate to your notification.**

Date of Notification _____

Business Name and Address of Provider: (as submitted on Attachment B of RFA)

Business Name _____

Address _____

Person Submitting Information _____

Date _____ Contact Number _____ Print Name _____ Signature _____
Provider Tax ID # _____

Contact Person if NOT same Person submitting Information

Name _____ Phone Number _____ E-Mail Address _____

I. ADDITION / DELETION OF STAFF (check one) _____ ADD _____ DELETE

Name of Employee		Start/Stop Date of Employee	
Office Location Assigned of Named Employee			
Staff Person is Licensed in the State of North Carolina to dispense hearing aids? (check (√) one)	YES		NO

Proof of Licensure MUST be submitted with signed Audiologist and Hearing Instrument Specialist verification form at time of notification

II. CHANGE OF BUSINESS ADDRESS OR OFFICE _____ ADD _____ DELETE

DBA Name of Office (if applicable)					
Address of Office Location					
Office Telephone Number					
This Office is: (check (√) one)	New Purchase		Closure		Address Change
If Closure, is office: (check (√) one)	Relocated		Permanent Closure (must contact DSDHH)		

III. Change of TAX IDENTIFICATION NUMBER (New W-9 must be submitted with Notification)

Old Provider Name (as registered) W-9 Number	
New Provider Name (if applicable, as registered) New W-9 Number	

Fax or Email All Documents to: Thomas Kuszaj
(919) 874-2253 tty
Thomas.kuszaj@dhhs.nc.gov