



ADDENDUM TO SPECIAL PROVISIONS FOR HOSPITAL PROVIDERS

If Provider operates a psychiatric or rehabilitation unit, it must be certified by Medicare and accredited by The Joint Commission or the American Osteopathic Association for the psychiatric and/or rehabilitation unit. If Provider also operates an Acute Level II unit, those beds must be licensed as a Hospital and must follow the applicable staffing requirements, found at O.A.C. 317:30-5-95 et seq. Provider agrees to bill for services provided in a psychiatric and/or rehabilitation unit using a separate provider number by completing this addendum to their Hospital contract.

Complete each section as applicable:

Psychiatric Unit

Physical/Service Location: _____

(Enter N/A if same as parent organization)

NPI: _____ Medicare Approval Date: _____

Tax ID: _____ Provider ID: _____

Psychiatric Unit- Acute Level II

Physical/Service Location: _____

(Enter N/A if same as parent organization)

NPI: _____

Tax ID: _____ Provider ID: _____

Rehabilitation Unit

Physical/Service Location: _____

(Enter N/A if same as parent organization)

NPI: _____ Medicare Approval Date: _____

Tax ID: _____ Provider ID: _____

ONCE COMPLETED PLEASE EMAIL FORM TO:

ProviderEnrollment@okhca.org



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

okhca.org
mysoonerca.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767