



Request for Independent Provider Support

Please type in your information below and check off the list to ensure its completion.

Submit this application and your completed W9 form to Pam Hunt, Director of Community Development at pamh@mcbdd.org

Independent Provider Name: _____

Contact Phone: _____ Email: _____

Retention bonus will be sent to the address reflected on the W9 form.

The following checklist must be completed prior to submission of grant funds request:

_____ Billing submitted for July, August, Sept. 2022. All billing claims must be submitted prior to November 9th, 2022 to be considered for this retention bonus.

_____ Complete updated W9 form and attach to this request. If you have submitted a W9 form in 2022 to MCBDD, a 2nd form is not needed. Payments cannot be processed without both documents received by MCBDD. No requests will be considered after December 30, 2022.

Grant funds are intended for the purpose of assisting Independent Providers who provide HPC and transportation services with the increase costs that are not currently included in Medicaid reimbursement. **No supports outlined in the MCBDD Provider Support Program is intended to supplement or reimburse any Medicaid services or rates.**

Signature: _____ Date: _____

(A typed signature is acceptable)

Any questions regarding the eligibility requirements, agreements, or reimbursement requests and documentation should Please contact Pam Hunt, Director of Community Development at 330-725-7751 ext. 261.