



Indiana First Steps Annual Update Form for Exempt Providers

Name:

Exempt providers are independent providers who are exempt from First Steps credentialing requirements. This includes audiologists, interpreters, orientation/mobility specialists, physicians, registered nurses, and vision specialists (ophthalmologists and optometrists).

This form and any required supporting documentation must be emailed, faxed, or mailed to the First Steps Central Reimbursement Office (CRO) at:

Indiana First Steps Provider Enrollment c/o CSC

P.O. Box 29160 | Shawnee Mission, KS 66201-9160

Email: infsenroll@dxc.com | Fax: 913-888-6683 | Phone: 1-866-339-9595 option 2

Annual update checklist

- Annual update form with signed attestation statement (page 2)
- Signed agreement with the Division of Disability and Rehabilitative Services
- Limited criminal history check from Indiana State Police (12 months current)
- National Provider Identifier (NPI) (required for all providers)
- Copy of license (licensed providers only)
- Liability insurance certificate (if applicable)

Discipline		
<input type="checkbox"/> Audiologist	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Orientation/Mobility Specialist
<input type="checkbox"/> Physician	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Vision Specialist (optometry & ophthalmology)
<input type="checkbox"/> Other (write in)	<input type="text"/>	

Prior Convictions
Have you ever been convicted* of a crime other than a minor traffic violation?
<input type="checkbox"/> Yes <input type="checkbox"/> No

*Convicted means you were declared guilty by a judge or you pleaded guilty in a court of law. Answering yes to this question does not automatically disqualify an individual from working in First Steps.

Personnel Information

New information Change of information

<input type="text"/>	<input type="text"/>
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Name

Email address

<input type="text"/>

Previous name (if name change)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone

Discipline

Second discipline*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Professional license type*

License number*

License expiration*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Liability insurance agency*

Ins. policy number*

Ins. expiration*

<input type="text"/>	<input type="text"/>
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Current criminal history inquiry date

NPI number

*If applicable

Billing Information

Required if billing information is different from Personnel Information above.

New information Change of information

<input type="text"/>	<input type="text"/>
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Payee name

Payee billing address

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Payee phone

Payee fax*

Group NPI number*

*If applicable

Attestation Statement: I hereby swear or affirm under penalty of disenrollment from First Steps that I understand and meet the requirements for providing First Steps services and that the information I am submitting is true and correct to the best of my knowledge.

Name (please print) _____

Signature _____ Date _____