DDS Provider Profile Correction Form

Willing to Accept new clients (Yes or No)?

Agency or Provider Name:

Street Address: Town/State/ZIP:	**Director** Name: Email:
Main Telephone Number: Fax Number: Toll-free # if available: TD # if available:	**Contact** Name: Phone: Email:
Web Address Corporation Type: Non-Profit, For Profit, LLC, S Corp # People Served: 0-10, 10-25, 25-100, 100-200, 200 or more	**CFO/Financial Contact** Name: Phone: Email:
	Medicaid Contact Name: Phone: Email:
	Provider Administrator Name: Phone: Email:

About the Provider

Write a short description of your agency (up to 300 words). Attach separate Word document if necessary.

Contacts

Both the **Director** and **Provider** Contact email addresses are used for all DDS correspondence to providers.
CFO/Financial Contact is stored in the DDS database, but not on the Provider Profile listed on the DDS website.
Provider Administrator is the agency contact person responsible for managing access to the DDS applications (WEBRESDAY, IP6) for their agency.
Medicaid Contact is the point person that DDS reaches out to for any Medicaid documentation.

Towns

Towns served - Submit the towns form to add or delete towns — Provider Profile Correction Form - Towns

Amending Services

To amend services, submit an Application to Amend Services Form: — Application to Amend Services Form

Provider Profiles

View existing Provider Profiles
Email this form to DDS.Provider.Profiles@ct.gov