

Provider Verification Coversheet



South Carolina
Department of Disabilities
and Special Needs

Thank you for your interest in supporting the citizens of South Carolina!

The Provider Verification process is important to ensure that quality services are provided. Please submit this coversheet with a copy of the requested documentation. Upon verification by DDSN, you will be referred to the South Carolina Department of Health & Human Services for Medicaid Provider Enrollment, as applicable. If you have any questions throughout the process, please contact us at providerapplications@ddsn.sc.gov.

Provider Information

Please provide the following information for the Company/Entity submitting the Application:

Company/Entity Name:	
Mailing Address:	
Telephone Number:	
Email Address:	
State Vendor Number:	

Please provide contact information for the representative of the Company/Entity to be contacted regarding this Application:

Representative Name:	
Mailing Address:	
Telephone Number:	
Email Address:	

Regarding the **service(s)** the company/entity is applying to deliver, please indicate the service(s) for which verification as a provider is being requested. Please check or otherwise indicate all that apply:

<input type="checkbox"/>	Behavior Supports
<input type="checkbox"/>	Caregiver Coaching
<input type="checkbox"/>	Environmental Modifications
<input type="checkbox"/>	Environmental Modifications Assessments/Consultations (e.g., developing specifications for ramps, door widening, and bathroom modifications)
<input type="checkbox"/>	Equipment and Assistive Technology Assessments/Consultations (e.g., developing specifications for specific medical equipment or assistive technology devices)
<input type="checkbox"/>	Private Vehicle Modifications (e.g., vehicle ramps, lowered floor conversions, and hand controls)
<input type="checkbox"/>	Private Vehicle Modifications Assessments/Consultations (e.g., developing specifications for modifications such as vehicle ramps, lowered floor conversions, and hand controls)

Once enrolled to provide a service noted above, the company / entity may deliver services to authorized DDSN eligible participants in any county of South Carolina. For each service noted above please indicate where, upon approval, the company/entity intends to deliver the service.

Service Name:	Counties included in Service Area: