

# Ohio Home Care Program

# Provider Bid Submission

**For Home Modifications and Assistive Adaptive Devices**



### Consumer Information

Name:	
Address:	
Phone:	County:

### Deadline for Submission

Home Mod Contact:	
Home Mod Contact Phone:	
CM	
Region	

### Requested Service

### Procedure Code:

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### Provider Information (Print or Type)

Name:
Phone:
Fax:
Contact Person:
Email:

### Project Information

Labor Cost:
Material Cost:
Total Cost:
Completion Date:
<small>(If awarded the project will be completed within this time)</small>

Providers submitting bids MUST adhere to rules as set forth in OAC 5101:3-Chapters 46,47, and 50-Sections 04 and 06; 5101.3-12-25; 5101:3-45-01 and all State and Local Building Codes

Comments:
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Medicaid Number:
Diagnosis Code:

Approved By:	Date:
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# Ohio Home Care Program

# Provider Bid Submission

Place name, address and contact information for your Case Management Agency (CMA) here:

**For Home Modifications and Assistive Adaptive Devices**



### Consumer Information

<b>Name:</b>	
<b>Address:</b>	your info (disabled individual)
<b>Phone:</b>	<b>County:</b>

### Deadline for Submission

set after your formal request of your case manager for home mods	
<b>Home Mod Contact:</b>	CMA employee
<b>Home Mod Contact Phone:</b>	
<b>CM</b>	your assigned case manager @ your CMA
<b>Region</b>	

### Requested Service

**Procedure Code:** S5165: home mods & generators (T2029: adaptive & assistive devices)

details about the home modification to be done (i.e. generator installation w/type & size)
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### Provider Information (Print or Type)

<b>Name:</b>	info about the authorized
<b>Phone:</b>	provider bidding on
<b>Fax:</b>	contract to do your
<b>Contact Person:</b>	home mod
<b>Email:</b>	

### Project Information

<b>Labor Cost:</b>	info from authorized
<b>Material Cost:</b>	provider bidding on
<b>Total Cost:</b>	contract to do your
<b>Completion Date:</b>	home mod
<i>(If awarded the project will be completed within this time)</i>	

**Providers submitting bids MUST adhere to rules as set forth in OAC 5101:3-Chapters 46,47, and 50-Sections 04 and 05; 5101.3-12-25; 5101.3-45-01 and all State and Local Building Codes**

<b>Comments:</b>
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<b>Medicaid Number:</b>
<b>Diagnosis Code:</b>

<b>Approved By:</b>	<b>Date:</b>
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