ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Medical Services
Medicaid Provider Enrollment Unit
Gainwell Technologies
P.O. Box 8105 Little Rock, AR 72203-8105
501-376-2211 In state WATS 1-800-457-4454 Fax: 501-374-0746

Provider Address Change Form

Today's Date_____

Provider Name _____
(please print)

Provider's Signature _____

Arkansas Medicaid Provider ID Number _____

Home Office Address _____

City _____ State _____ Zip _____ County _____

Phone Number _____ Fax Number _____

Email Address _____

Service Location Address _____

City _____ State _____ Zip _____ County _____

Phone Number _____ Fax Number _____

Email Address _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Phone Number _____ Fax Number _____

Email Address _____

Pay To Address _____

City _____ State _____ Zip _____ County _____

Phone Number _____ Fax Number _____

Email Address _____

This form may be uploaded in the provider portal or mailed.

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