

PROVIDER MONITOR  
18505 W. 119<sup>th</sup> Street  
Olathe, Kansas 66061



Phone 913-715-7498  
Fax# 913-715-7420

Email [Providermonitor@jocogov.org](mailto:Providermonitor@jocogov.org)

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## NOTICE OF CHANGE

To: Provider Monitor

From:

Agency:

Date:

**We hereby notify you of the following change(s) in our organization.**

( ) We have a new employee (list name and position): \_\_\_\_\_  
\_\_\_\_\_

*Reminder: Please attach a completed release for record check and credentials with this type of change.*

( ) We have new contact information, including address/phone/fax: \_\_\_\_\_  
\_\_\_\_\_

( ) We have an employee who no longer works with us due to termination/resignation:  
\_\_\_\_\_

( ) We are no longer offering this service: \_\_\_\_\_

( ) We are adding this service: \_\_\_\_\_

*Please Note: Addition of a service requires an application and fees as described in Administrative Order 03-10.*

( ) We have changed our fees: \_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY - Change Recorded/Date:** \_\_\_\_\_