

## REQUEST FOR IDENTIFICATION OF CORF LOCATIONS AND SERVICES

Dear Administrator,

California Department of Public Health (CDPH) records indicate that your facility has, in the past, participated in the Medicare program as a comprehensive outpatient rehabilitation facility (CORF).

This letter is being submitted to you for the purpose of identifying the current location of your CORF. Use this link to identify your District Office information.

<http://www.cdph.ca.gov/certlic/facilities/Pages/LCDistrictOffices.aspx>

Please complete this form and return it to your local CDPH District Office within 30 days. If at any time following completion of this form you plan to delete or add a service, relocate or close your facility, please notify the District Office immediately. If you have any questions or problems, please call your District Office.

District Office Name	
District Office Address	
District Office Telephone Number	

### CORF LOCATION INFORMATION

Name	
Provider Number	
Address	
Area Code and Telephone Number	

### CORF SERVICE INFORMATION

Please indicate the types of services provided by the CORF location listed above.

- Outpatient Physical Therapy    Outpatient Speech Therapy    Respiratory Therapy  
 Outpatient Occupational Therapy    Social or Psychological Services  
 Other

Description of other services: \_\_\_\_\_

### CORF Contact Information:

Printed Name	Signature	Date