

Hamilton County Developmental Disabilities Services

**PROVIDER REVISION REQUEST FORM**

**Moving Units ONLY**

Individual's Name	<input type="text"/>	Provider	<input type="text"/>	Today's Date	<input type="text"/>
Person Completing Form	<input type="text"/>	Provider E-mail	<input type="text"/>	Provider Phone #	<input type="text"/>
Span Start Date	<input type="text"/>	Revision Effective <b>Start</b> Date	<input type="text"/>	Revision Effective <b>End</b> Date	<input type="text"/>

**Moving Units**

Units can be moved between splits in the detail lines of PAS (such as fiscal year split between 6/30 and 7/1).  
Units CANNOT be moved for services code ADL

**Details:**  
Why are you requesting to move units?

Service/ Billing Code	From PAS line(s) (TO/FROM dates)	Total Units Currently Authorized	# Units to move	TO PAS line(s) TO/FROM dates	# Units moved to this PAS line

Other Comments

This form must be e-mailed to: [Revisions@hamiltonDDS.org](mailto:Revisions@hamiltonDDS.org) for processing.

**TO BE COMPLETED BY HCDDS ONLY**

- Approved  Partial approval or approved with changes. **Explain**  
 Denied