STATE OF NEBRASKA – Department of Health and Human Services
Division of Public Health – Licensure Unit
P.O. Box 94669 Lincoln NE 68509-4669

Request for Licensed & Medicare/Medicaid Bed Changes and Bed Relocations

This form may be filled out online and mailed to DHHS Licensure Unit at the address listed above or faxed to (402) 742-2398.

Facility Name:	Facility License Number:
Street Address:	Provider Number:
City, State, Zip Code:	Effective Date:
Fiscal Intermediary:	End of Cost Reporting Year:
Contact Person:	Telephone Number:

Attach Current and Proposed Floor Plans (include room numbers and number of beds for each room).

Section 1. Current Bed Configuration

*Example: Rooms 1-10, 12, 14-16 and 19 (1 bed each); Rooms 11, 13, 17-18, and 20-30 (2 beds each).

Title 18 only Medicare (SNF) only beds	
Title 18/19 Medicare/Medicaid (SNF/NF) beds	
Title 19 only Medicaid (NF) only beds	
Licensed-Only beds	
Total Licensed Beds	

Facility Name: _____ Facility License Number: _____

Section 2. Proposed Bed Configuration

*Example: Rooms 1-10, 12, 14-16 and 19 (1 bed each); Rooms 11, 13, 17-18, and 20-30 (2 beds each).

Title 18 only Medicare (SNF) only beds	
Title 18/19 Medicare/Medicaid (SNF/NF) beds	
Title 19 only Medicaid (NF) only beds	
Licensed-Only beds	
Total Licensed Beds	

Signature: _____ Date: _____

If you have questions please email dhhs.healthcarefacilites@nebraska.gov or call (402) 471-3324.