



## *Website Account Request Form*

Thank you for signing up to bill online with [www.cencalhealth.org](http://www.cencalhealth.org). Please supply us with the following information in order for us to quickly set up your new web account:

Provider Name: \_\_\_\_\_

Medi-Cal Provider # : \_\_\_\_\_

Tax ID # : \_\_\_\_\_

NPI#: \_\_\_\_\_

Actual Office Email Address: \_\_\_\_\_

Email Address for Authorizations\*\*: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

FAX Number: \_\_\_\_\_

**\*\*Please Note:**

An unchanging account that does not include office staff names is best. Example: [genericmedicalgroup@yahoo.com](mailto:genericmedicalgroup@yahoo.com).

If you are a Medical Group with multiple Medi-Cal provider numbers, but share a Tax Identification Number (TIN), please answer the following questions:

1. Do the providers in your group bill individually and need a separate account? \_\_\_\_\_
2. Do the providers in your group bill together and want all groups to use the same account? \_\_\_\_\_

Please call the Webmaster at (805) 685-9525 ext. 1671 or email for more information [webmaster@cencalhealth.org](mailto:webmaster@cencalhealth.org) . You may also fax this form to (805) 685-9828, and a representative will reply via email or phone.