



### PROVIDER INFORMATION FORM

Primary Care Physician     
  \*Primary Care Group/Clinic     
  \*Allied Health Provider  
 Referral Physician     
  \*Referral Group     
  Pharmacy  
 Hospital     
  Skilled Nursing Facility     
 Other: \_\_\_\_\_

\*-complete attached to list group providers

### IDENTIFYING INFORMATION

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Medi-Cal Provider Number: \_\_\_\_\_ Licenses: \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

Name of Business / Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact/title: \_\_\_\_\_

e-mail address: \_\_\_\_\_ Internet used for business? \_\_\_\_\_

Do you participate in Electronic data interchange for Medi-Cal? YES NO

Hospital affiliation(s): \_\_\_\_\_ CPSP? \_\_\_\_\_ CHDP? \_\_\_\_\_

Normal Office Hours: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Malpractice Insurance: \_\_\_\_\_

Carrier	Policy #	Limits	Expiration
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Additional Languages: Provider: \_\_\_\_\_ Staff: \_\_\_\_\_

### AFTER HOURS PROVISIONS:

 Calls to provider after normal business hours are handled:

By calling phone # _____	By an answering service _____
By calling pager # _____	By an answering machine _____
By a serviceperson _____	Other _____

### BILLING INFORMATION

Billing Company \_\_\_\_\_ Contract/Title \_\_\_\_\_

Address Phone FAX e-mail address

Tax ID # \_\_\_\_\_ Name affiliated with Tax ID # \_\_\_\_\_

Does your Billing Company participate in Electronic data interchange for Medi-Cal? YES NO

### HANDICAP ACCESS:

 To ensure that your site is accessible and useable by individuals with physical disabilities, please answer the following questions:

- |  | Yes   | No    | N/A   |
|--|-------|-------|-------|
| 1. Clearly marked curb or sign to designate handicap parking space near primary entrance.  | _____ | _____ | _____ |
| 2. Building signs to identify all primary entrances that are accessible by physically disabled.  | _____ | _____ | _____ |
| 3. Pedestrian ramps have a top and bottom landing at least the same width as the ramp.   | _____ | _____ | _____ |
| 4. Handrails present on both sides of all stairways and ramps (threshold rises excluded).  | _____ | _____ | _____ |
| 5. Primary entrance and passageway doors have minimum 48" clearance, open from the inside without special effort, open to minimum of 90-degrees, and have level clear floor on each side of doorway. | _____ | _____ | _____ |

**PROVIDER INFORMATION FORM--GROUP OR CLINIC PROVIDER LISTING**

\_\_\_\_\_  
Name Specialty

OR

\_\_\_\_\_  
Medi-Cal Provider Number/NPI Number Certificate Number

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\_\_\_\_\_  
Name Specialty

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**PROVIDER INFORMATION FORM--GROUP OR CLINIC PROVIDER LISTING (continued)**

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