



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: _____ Tax ID # _____

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

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

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. | _____ | _____ | _____ |

PCPs only complete the following information; refer to your contract if necessary for definitions:

| | |
|--|----------------------------------|
| Access Level: | Age range: low _____ high: _____ |
| ____ Auto Assignment | |
| ____ Open | Peer Pool Assignment: |
| ____ Established Patients Only (EPO) | F1 _____ |
| ____ Closed | M2 _____ |
| | B3 _____ |
| PCP Capacity (maximum # of members): _____ | P4 _____ |

Extended Office Hours? _____ If yes, use separate page to indicate the additional office hours.

Call Group Arrangements outside normal office hours noted above (evenings, weekends & vacation)

PROVIDER INFORMATION FORM--GROUP OR CLINIC PROVIDER LISTING

| | | |
|--|----|-----------------------------|
| _____ Name | | _____ Specialty |
| _____ Medi-Cal Provider Number/NPI Number | OR | _____ Certificate Number |
| ***** | | |

| | | |
|--|----|-----------------------------|
| _____ Name | | _____ Specialty |
| _____ Medi-Cal Provider Number/NPI Number | OR | _____ Certificate Number |
| ***** | | |

| | | |
|--|----|-----------------------------|
| _____ Name | | _____ Specialty |
| _____ Medi-Cal Provider Number/NPI Number | OR | _____ Certificate Number |
| ***** | | |

| | | |
|--|----|-----------------------------|
| _____ Name | | _____ Specialty |
| _____ Medi-Cal Provider Number/NPI Number | OR | _____ Certificate Number |
| ***** | | |

| | | |
|--|----|-----------------------------|
| _____ Name | | _____ Specialty |
| _____ Medi-Cal Provider Number/NPI Number | OR | _____ Certificate Number |
| ***** | | |

PROVIDER INFORMATION FORM--GROUP OR CLINIC PROVIDER LISTING (Continued)

Name Specialty

OR

Medi-Cal Provider Number/NPI Number Certificate Number

Name Specialty

OR

Medi-Cal Provider Number/NPI Number Certificate Number

Name Specialty

OR

Medi-Cal Provider Number/NPI Number Certificate Number

Name Specialty

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