



PROVIDER INFORMATION FORM

___ *Allied Health Provider ___ Pharmacy ___ Hospital
___ Skilled Nursing Facility **Other: Nutrition Educator**

*-complete attached to list group providers

IDENTIFYING INFORMATION

Name: _____ Specialty: _____

Medi-Cal Provider Number: _____ Licenses: _____

Certificates: (attach) _____

Name of Business / Group Name: _____

Address: _____

Street City Zip

Phone: _____ Fax: _____ Contact/title: _____

Tax ID # _____ Name affiliated with Tax ID # _____

e-mail address: _____ Internet used for business? _____

Do you participate in Electronic data interchange for Medi-Cal? Yes No

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:

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|--|------------|-----------|------------|
| 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

For Nutrition Educators that are affiliated with a Group or Clinic

Name Specialty

OR _____
Medi-Cal Provider Number or Tax ID # Certificate Number

Name Specialty

OR _____
Medi-Cal Provider Number or Tax ID # Certificate Number

Name Specialty

OR _____
Medi-Cal Provider Number or Tax ID # Certificate Number

Name Specialty

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