

Notification of Practice Changes

Remember to notify CenCal Health of changes to your practice!

A Provider Information Form (PIF) is an attachment included with the Provider Contract in which information about your practice is indicated. This information includes, but is not limited to, office and billing addresses, liability insurance coverage, handicapped accessibility, office hours, on-call practice coverage. Changes to the PIF should be submitted to CenCal Health. Attached is a Notification of Practice Changes Form that providers may use when updates need to be made. Please simply complete the form and **fax it to (805) 685-9828**. These changes must be submitted to CenCal Health in a timely manner.

Remember to let CenCal Health know as soon as possible if any of the following changes:

- Medi-Cal Provider Number
- Tax Identification Number (TIN)
- Practice Location or Additional Locations
- Phone Number, Fax Number, Email
- Change in Ownership or Name
- Providers joining your practice

If you have questions about notifying CenCal Health of these changes, please contact Provider Services at (805) 685-9525, extension 1676.