

**Informational Bulletin Regarding Procedures for Changing the Pay-To and/or Mailing Address of an Institutional Provider**

The Department of Health Care Services (DHCS) Provider Enrollment Division (PED) is discontinuing the use of the *"Pay-To" Address Change Notification* form (DHCS 6129), which was previously used by currently enrolled institutional providers to update their mailing or pay-to address on file with DHCS.

PED will now only be accepting a *Medi-Cal Supplemental Changes* form (DHCS 6209) from institutional providers who wish to update this information with DHCS.

The DHCS 6209 form is available from the "Application Forms by Form Name and Number" area on the Provider Enrollment web page and on the [Forms](#) web page of the Medi-Cal website.