

# Medi-Cal Provider Enrollment Division

## Tips for Success

### How to Submit a Complete Medi-Cal Provider Application Package

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#### General tips for all provider types and all applicants

- Submit a complete application package. A complete application package consists of the appropriate application form, a *Medi-Cal Disclosure Statement*, a *Medi-Cal Provider Agreement*, and all the required attachments. Current forms are available on the Medi-Cal Web site at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov). Click the “Provider Enrollment” link.
  - Use current forms. Outdated forms are not acceptable.
  - Before completing the application forms, carefully read all form instructions.
  - Answer all questions, check boxes, lines, etc. Do not leave blank spaces. Enter “N/A” if not applicable.
  - Although stated as optional, including your Social Security Number (SSN) may hasten the application review process.
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#### Change of business address

- A change in service or business address requires submission of a complete application package (appropriate application, *Medi-Cal Provider Agreement*, *Medi-Cal Disclosure Statement*, and required attachments). A *Medi-Cal Supplemental Changes* form is not acceptable.
  - Check the “additional business address” box and write “ADDRESS CHANGE” on the top of the application form.
  - A change of location form may be submitted by a currently enrolled individual physician or osteopath provider to request a change of location within the same county. Providers may use the *Medi-Cal Change of Location Form for Individual Physician Practices Relocating Within the Same County* (DHCS 9096).
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#### Include all requested documentation in the application package

Be sure to include **legible** and **current** copies of the required documentation listed below:

- Verification of NPI.
  - Driver’s license or the state issued identification card. Enlarged copies are preferable.
  - Applicable medical license (pocket size).
  - Federal Employer Identification Number (FEIN) verification, if applicable.
  - Internal Revenue Service (IRS) document as requested in the form instructions. This is an IRS preprinted document showing the tax identification number (TIN) and legal name.
  - Professional (malpractice) liability insurance for all licensed or certified providers.
  - Liability (commercial/general) insurance for the location where services are rendered. Providers who deliver services exclusively in the licensed facility identified on the application are exempted.
  - Local permits and business licenses required for the type of business activity indicated.
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#### If the business entity is a sole proprietor

If the applicant is a sole proprietor and is not using a TIN, then the SSN must be included.

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#### If the business entity is a corporation

If the applicant is a corporation, include the “*corporate number*,” and “State incorporated,” as required on the form. Processing delays may be avoided by attaching a copy of the most recently filed Articles of Incorporation with the list of directors and officers, their titles, and percent of ownership and control interest.

If the corporation is also a non-profit entity, indicate as such by checking the box “ **Nonprofit Corporation**,” and indicate if the type of nonprofit is “government” or “non-government,” as well as including the corporation information.

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**If the business entity is a partnership**

If the business entity is a partnership, processing delays may be avoided by indicating whether the entity is a General Partnership or Limited Partnership and including the following:

- A copy of the most current Partnership Agreement and a list of all partners and their percent of ownership or control interest (for General Partnerships), or
- Information identifying the General Partner, a copy of the most current Partnership Agreement(s), and a list of all partners and their percent of ownership or control interest (for Limited Partnerships).

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**Original signature is required**

Verify that all forms and required attachments, including the *Medi-Cal Disclosure Statement*, have an original signature in ink – preferably blue ink.

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**Notary stamp and signature when required**

Be sure the appropriate page of the application is notarized with stamp and signature, if applicable.

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**Advisory opinions**

The Department of Health Care Services is unable to provide advisory opinions. If unclear about how to interpret Medi-Cal instructions or regulations, please contact your legal counsel for assistance.

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**Notification of receipt**

A letter acknowledging receipt of your application package will be sent to your mailing address within 30 days or within 15 days for a physician or physician group. Please retain it in your file. The letter includes a six-digit document number. Please reference this number in any follow-up correspondence or telephone inquiry.

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**The status of your application**

Please do not call the Provider Enrollment Division (PED) for the status of your application. Within 180 days following the receipt of your complete application package, or within 90 days if you are an individual physician or physician group, you will receive written notification of one of the following:

- The application is approved for enrollment as a provisional provider.
- The application is incomplete and additional information is needed.
- The application is referred for a comprehensive review and background check.
- The application is denied with the reasons(s) for denial.

Within 90 days of receiving a *Medi-Cal Hospital-Based Physician Application/ Disclosure Statement/Agreement*, PED shall notify the applicant of approval or that the applicant does not meet the required criteria.

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