

MEDI-CAL
Supplemental Claims Payment Information (SCPI) Enrollment
(VENDOR)

FI USE ONLY

Start Date: ____/____/____

Receiver ID: _____

I. VENDOR CONTACT INFORMATION:

Contact Person _____

Phone Number _____

Email Address _____

Company Name _____

Company Address _____

City _____ State _____ Zip _____

- II. TESTING** **REQUIRED**
 NOT REQUIRED

III. DISTRIBUTION METHOD:

- a. Medi-Cal Transaction Services (DOS ASCII format only)**

Do you have a Windows-compatible system with a current version of a Web browser such as Microsoft Internet Explorer or Mozilla Firefox? Do you have Internet access through an Internet Service Provider (ISP) in order to download SCPI files from Medi-Cal Transaction Services?

YES

NO (I do not have access to one or more of these resources notes above.)

IV. FEES:

During the term of this Agreement, Customer agrees to pay the FI as follows:

- a) A re-creation fee of \$125.00 for each SCPI file that is past the 5 week availability on the Medi-Cal website.
- b) An administration fee of \$15.00 to: add, change or delete each provider number. Up to 10 provider numbers may be added during enrollment at no charge.
- c) A monthly operations charge of \$0.04 (4 cents) for each Medi-Cal adjudicated claim line. A credit will be given to the Customer in the amount of \$0.02 (2 cents) for each Medi-Cal adjudicated claim line using CMC. Customer shall pay a minimum monthly operation charge of \$500.00.
- d) All other fees as specified within the Supplemental Claims Payment Information Agreement, paragraph 4.