
Forms Reorder Request: Guidelines

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This section explains how to order forms and envelopes used to bill and seek authorization for Medi-Cal services. Providers who need a *Provider Forms Reorder Request* for either hard copy or electronic billing should contact the Telephone Service Center (TSC) at 1-800-541-5555.

Ordering Hard Copy Billing Forms

Use the California MMIS Fiscal Intermediary (FI) *Provider Forms Reorder Request*, included with each shipment of forms, to order forms and envelopes (see *Figure 1* in the provider-specific *Forms: Reorder Request* section of this manual for additional information). To meet all billing deadlines, providers should maintain a two- to three-month supply of the FI provider forms at all times. Allow two to three weeks for delivery of new forms. There is no charge for these forms and envelopes.

Long Term Care and Pharmacy providers

Mail reorder request forms to:

California MMIS Fiscal Intermediary
P.O. Box 15400
Sacramento, CA 95851-1400

Inpatient and Outpatient providers

Mail reorder request forms to:

California MMIS Fiscal Intermediary
P.O. Box 15600
Sacramento, CA 95852-1600

Allied Health, Medical Services and Vision Care providers

Mail reorder request forms to:

California MMIS Fiscal Intermediary
P.O. Box 15700
Sacramento, CA 95852-1700

Ordering Electronic Billing Forms

Providers can order electronic billing forms by calling the Telephone Service Center (TSC) at 1-800-541-5555. The following forms are available:

- *Attachment Control Form (ACF)*
- *Medi-Cal Electronic Billing Claim Certification and Control Sheets (80-1) and (80-1C)*

Note: To order additional 80-1 and 80-1C forms, use the *Forms Reorder Request-Electronic Billing* form that is included with each shipment of forms.

Mail requests for electronic billing forms to:

California MMIS Fiscal Intermediary
P.O. Box 13029
Sacramento, CA 95813-4029

Change of Address/Change of Status

Before ordering forms, providers must notify DHCS of any address or status change. See the *Provider Guidelines* section in the Part 1 manual for more information.

Returned Orders

If providers request pre-imprinted claim forms and the address or status does not match the DHCS Provider Master File, the order will be returned with a *Medi-Cal Supplemental Changes* (form DHCS 6209). Providers should use this form to update the DHCS Provider Master File and re-order pre-imprinted claim forms. See the *Provider Guidelines* section in the Part 1 manual for information about this form.

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.