Forms Reorder Request: Guidelines

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

Reordering Hard Copy Pharmacy Claim Forms

Providers seeking to reorder hard copy pharmacy claim forms should refer to the reordering information under Medi-Cal Rx.
**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.

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