

**Please return completed form by:**

New     Existing/Add Changes

**Fax:** (805) 681- 3019

**E-mail:** [psrgroup@cencalhealth.org](mailto:psrgroup@cencalhealth.org)

Please email the above PSR Group if you have questions when filling out this form.

**Section 1 - Business Name and Contact Information**

Legal Business Name:	Specialty:
NPI (Individual):	NPI (Organizational):
Site Phone:	Site Fax:
After hours phone (if different):	Site Email:
Website:	
Main Practice Location Name & Physical Address:	
Telehealth offered at this site?	
Languages Spoken other than English:	Language Fluency Level:
Clinical Staff:	<input type="checkbox"/> Certified Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Office Staff:	<input type="checkbox"/> Certified Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Mailing Address (if different from main practice):	

**Office Hours**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Closed/Lunch							

**Section 2 – Payment/Billing Information**

Billing Contact:	Direct Phone:
Billing E-mail:	Provider Portal Contact:
Billing Service Phone:	Billing Fax:
Pay To Address:	

**Section 3 - Credentialing Contact Information**

Credentialing Name:		
Address:		
City:	State:	Zip Code:
Credentialing Phone:	Credentialing Fax:	
Credentialing E-mail:		

**Section 4 - Contracting Contact Information**

Contracting First Name:	Contracting Last Name:
Contracting Phone:	Contracting E-mail:
Signing Authority Name:	

**Section 5 - Office Staff Information**

Office Manager:	Direct Phone:
Office Manager E-mail:	
Do you use electronic medical records (EMR)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the name of the EMR system?	
Medical Records Contact:	
<b>PCP Office:</b> <i>The person that submits authorizations.</i>	
<b>Specialists:</b> <i>The person that calls the PCP to request authorizations.</i>	
Authorization Contact:	Direct Phone:
Authorization Email:*	
*For authorizations, we recommend an unchanging account that does not include office staff names. For example, <a href="mailto:medicalgroup@yahoo.com">medicalgroup@yahoo.com</a>	

**Section 6 - Additional Locations****Additional Practice Location-Name & Physical Address #2:**

NPI:	Telehealth offered at this site?						
Contact:	Phone:			Fax:			
Office Staff Languages Spoken:	Language Fluency Level: <input type="checkbox"/> Certified Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor						
<b>Office Hours</b>							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Closed/Lunch							

**Additional Practice Location-Name & Physical Address #3:**

NPI:	Telehealth offered at this site?						
Contact:	Phone:			Fax:			
Office Staff Languages Spoken:	Language Fluency Level: <input type="checkbox"/> Certified Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor						
<b>Office Hours</b>							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Closed/Lunch							

**\*To add more additional locations, please attach CenCal Health roster.****Section 7 - All Providers Rendering Service including NPMP, Allied, etc. (Please attach practice roster)**

<b>Provider Name 1:</b>	NPI:	Gender:	Date of Birth:
Provider Degree Information:	Medical License:	DEA:	
<input type="checkbox"/> 40 hrs OR ___ hrs/week	Languages (other than English):		
Location:			
<b>Provider Name 2:</b>	Title:	Gender:	Date of Birth:
Provider Degree Information:	Medical License:	DEA:	
<input type="checkbox"/> 40 hrs OR ___ hrs/week	Languages (other than English):		
Location:			

**\*To add more rendering providers, please attach CenCal Health roster.**

**Section 8 – Accepting New Patients**

<input type="checkbox"/> Open to new patients	<input type="checkbox"/> Established Patients Only (EPO)	<input type="checkbox"/> Limited
What is the age range you are willing to accept?		Min: _____ Max: _____

**Section 9 - Primary Care Physicians Only**

Physician/Group Name:			NPI:	Effective Date:
Plan	Capacity	Access Level		Age Range
SBHI	_____ Members	<input type="checkbox"/> Auto Assign <input type="checkbox"/> Open Access	<input type="checkbox"/> EPO	Min: _____ Max: _____
SLOHI	_____ Members	<input type="checkbox"/> Auto Assign <input type="checkbox"/> Open Access	<input type="checkbox"/> EPO	Min: _____ Max: _____

**Section 10 - PCP After Hours (Primary Care Physicians only)**

CenCal Health’s goal is to keep members out of the emergency department and urgent care centers for services that can be managed by Primary Care Providers (PCPs). CenCal Health offers additional reimbursement to PCPs for after-hours visits (Monday through Friday after 5pm or on weekends).

For details see: <https://www.cencalhealth.org/providers/search-provider-network/>

**How are you meeting the expectation for 24/7 coverage?**

<input type="checkbox"/> Office phone rolls over to doctor’s phone	<input type="checkbox"/> Answering Service contacts on-call doctor
<input type="checkbox"/> Answering machine provides on-call doctor’s phone number	<input type="checkbox"/> Call group (if checked, complete below)

List providers with whom you have call group arrangements outside of normal office hours.

Provider Name: _____	Provider NPI: _____
Provider Name: _____	Provider NPI: _____
Provider Name: _____	Provider NPI: _____

**Section 11 - Additional Information**

Use this page to list any additional information you would like to share regarding your practice.

Comments

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**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**For Internal Office Use Only**

Facility Site Review Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contract Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
PCP Short ID: _____	Assign PSR: _____ Roster Received: <input type="checkbox"/> Yes <input type="checkbox"/> No