

Please return completed form by:

New Existing/Add Changes

Fax: (805) 681- 3019

E-mail: 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 (Organizational):	NPI (Individual):
Site Phone:	Site Fax:
After hours phone (if different):	Site Email:
Website Address:	
Main Practice Location Name & Physical Address:	
Telehealth offered at this site? Both (In-Person and Telehealth) Only Telehealth No Telehealth (In-Person Only)	
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

Office Hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Closed/Lunch							

Section 2 – Payment/Billing Information

Billing Contact:	Direct Phone:
Billing E-mail:	Billing Fax:
Billing Service Phone:	
Pay To Address (from W-9):	

Section 3 - Provider Portal Information

Administrative User First/Last Name:
Administrative User Title:
Contact Phone:
Contact Email Address:

Section 4 - Contracting Contact Information

First/Last Name:	
Phone:	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:	
PCP Office: <i>The person that submits authorizations.</i>	
Specialists: <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, medicalgroup@yahoo.com	

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

Telehealth offered at this site?	Both (In-Person & Telehealth)	Only Telehealth	No Telehealth (In-Person Only)				
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						
Office Hours							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Closed/Lunch							

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

Telehealth offered at this site?	Both (In-Person & Telehealth)	Only Telehealth	No Telehealth (In-Person Only)				
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						
Office Hours							
	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)**

Provider Name 1:	NPI:	Gender:	Date of Birth:
Provider Degree Information:	Medical License:	DEA:	
<input type="checkbox"/> 40 hrs OR ___ hrs/week	Languages (other than English):		
Site Address:			
Provider Name 2:	Title:	Gender:	Date of Birth:
Provider Degree Information:	Medical License:	DEA:	
<input type="checkbox"/> 40 hrs OR ___ hrs/week	Languages (other than English):		
Site Address:			
Telehealth offered at this site?	Both (In-Person & Telehealth)	Only Telehealth	No Telehealth (In-Person Only)

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

Section 8 – Accepting New Patients

<input type="checkbox"/> Accepting New Patients (For PCPs and ECM Providers Only)	Established Patients Only (EPO)
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: PCP Program/Specialty Participation:

Comprehensive Perinatal Services Provider (CPSP): Yes No Effective Date: _____

Section BA Providers Only

Appointments Available: Morning Afternoon Both

Treatment Based on/in (check all that apply): Clinic Home Community

ABA Service Areas: Santa Barbara County Cities: All or City: _____

San Luis Obispo County Cities: All or City: _____

Print Name: _____

Signature: _____

Date: _____

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