

INTERNAL USE ONLY

REQUEST TYPE:	CONTRACT TYPE:	COMPANY ID:	
SUBMITTED BY:	PROV CLASS:	ALTAMED	KNOX-KEENE
SUBMISSION DATE:	SERVICE LOCATION:	ALTAOC	SBC PACE
EFFECTIVE DATE:	PAYMENT TYPE:	ALTACHLA	DVL

VENDOR INFORMATION

CONTRACT ENTITY NAME (include DBA if applicable) FQHC TAX ID:
 BUSINESS OFFICE MAILING ADDRESS: GROUP NPI:
 CREDENTIALING EMAIL:

PROVIDER INFORMATION (fields in red are required, if not available put N/A)

PROVIDER NAME (Last, First Title): DATE OF BIRTH: GENDER:

CA LICENSE NUMBER: CA DEA NUMBER: CAQH NUMBER:

NPI: TAXONOMY:

PRIMARY SPECIALTY: SECONDARY SPECIALTY:

BOARD CERTIFIED: YES NO (if not board certified, board intentions disclosure is required) PROVIDER EMAIL:

ASC PRIVILEGES: Please list

HOSPITAL PRIVILEGES: Please list

DIALYSIS CENTER PRIVILEGES: Please list

LANGUAGES SPOKEN (other than English): Please list EXCLUSIONS/LIMITATIONS:

SUPERVISING PHYSICIAN (required if mid-level): AGE LIMITS:

SPECIAL SERVICES: CCS CHDP CPSP HIV PROVIDER OFFERS TELEHEALTH: YES NO

EHR: YES NO VENDOR:

CLAIMS: MANUAL ELECTRONIC VENDOR:

ENROLLMENT CAP RATES

OTHER IPA CONTRACTS: 1.
2.
3.

COMMENTS:

LINE OF BUSINESS: MEDI-CAL MEDI-CAL NUMBER: MEDICARE MEDICARE NUMBER:
COMMERICAL PACE CAL MEDICONNECT

PHYSICAL LOCATION(S) [as it will appear in the directory]:

ADDRESS	PHONE	FAX	PROVIDER OFFICE HOURS	AFTER HOURS PHONE
SITE 1:				
SITE 2:				
SITE 3:				
SITE 4:				

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Notes:

(INTERNAL USE ONLY) REGIONS

R1 HWD IPA R2 CHLA IPA R3 ELA IPA R4 ESG IPA R6 SLA IPA R19 SFV IPA R20 WSG IPA R22 OMG IPA	R25 HEMET IPA R26 MENIFEE IPA R27 VICTORVILLE IPA	R5 OC IPA R15 NORTH OC IPA R16 NORTH COASTAL IPA R17 SOUTH OC IPA ALL OC Regions	R7 PACE COVINA R8 PACE DOWNEY R9 PACE EAST LA R10 PACE EL MONTE R11 PACE GRAND PLAZA R12 PACE HUNT PARK R13 PACE LYNWOOD R14 PACE SOUTH LA R18 PACE ANAHEIM R21 PACE LONG BEACH R24 PACE SFV	R23 PACE SANTA ANA All PACE Regions
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