



**PROVIDER RESPONSE FORM**

The Office of Family Planning (OFP) welcomes your input to improve the accuracy and usefulness of your profile.

**STEP 1: Verify contact information.** It is essential that the physician owner or medical director of the practice receive this packet. If the contact information below, including mailing and site address, is incorrect or missing, please line out and print or type corrections. The OFP is interested in utilizing e-mail communication with Family PACT providers, so please check and/or update your e-mail address. Please be aware that this will update only the OFP provider contact list and will not update your Medi-Cal Provider Master File.\*

*Please type or print legibly*

NPI: \_\_\_\_\_ Owner: \_\_\_\_\_ Location: \_\_\_\_\_

Provider Name: \_\_\_\_\_

**MAILING ADDRESS**

**SERVICE SITE ADDRESS**

Fax: \_\_\_\_\_ Web site: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Medical Director:** \_\_\_\_\_  
Prefix First name Middle name Last name

Direct line: \_\_\_\_\_ x \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Administrator:** \_\_\_\_\_  
First name Middle name Last name

Direct line: \_\_\_\_\_ x \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**STEP 2: Paperless Provider Profile option.** To receive notification of future *Provider Profiles* documents via e-mail, please fill out the information below. When you “go paperless,” the Medical Director and Administrator for your practice will receive e-mail notices with direct links to the semi-annual *Provider Profiles* and your practice will **no longer** receive hard copy *Provider Profiles* via United States Postal Service. Thus, it is essential that your Medical Director and Administrator’s contact information in STEP 1 is complete. The e-mail notices will be sent from [fampact@cdph.ca.gov](mailto:fampact@cdph.ca.gov). Please ensure that your e-mail settings will not block mail from this address. It is your responsibility to notify the OFP of any e-mail address changes.

I wish to “go paperless.”  No  Yes **(If Yes, complete all information in STEP 1 and below)**

*Please type or print legibly*

Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone (direct line): \_\_\_\_\_

\* To update information on the Medi-Cal Provider Master file, refer to the Provider Guidelines section in Part 1 of the Medi-Cal manual.

NPI:

Owner:

Location:

Provider Name:

**STEP 3: Comments.** If you have comments or questions, please explain briefly below. If you prefer, you may e-mail your comments or contact the OFP by telephone (see STEP 4). **When calling, e-mailing, or faxing your comments, please include your Family PACT National Provider Identifier (NPI).**

*Please type or print legibly. If the space provided is insufficient, attach a separate sheet.*

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I wish to have one-to-one contact with the OFP  No  Yes (If Yes, complete information below)

*Please type or print legibly*

Contact name: \_\_\_\_\_ Telephone (direct line): \_\_\_\_\_

Title: \_\_\_\_\_ Best day(s) to call: \_\_\_\_\_

E-mail: \_\_\_\_\_ Best time(s) to call: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

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**STEP 4:** I would like a copy of the 35-second Public Service Announcement DVD  No  Yes  
(If Yes, a copy will be mailed to the MAILING ADDRESS in STEP 1)

**STEP 5:** Return this form within 30 days of receipt. You may submit this form via fax or mail.

To contact the OFP regarding information provided to you in this profile:

**ATTN: PROVIDER PROFILES**  
California Department of Public Health  
Office of Family Planning  
P.O. Box 997420, MS 8400  
Sacramento, CA 95899-7420

Phone: (916) 650-0414  
Fax: (916) 650-0454  
E-mail: [fampact@cdph.ca.gov](mailto:fampact@cdph.ca.gov)  
Web site: [www.familypact.org](http://www.familypact.org)