

Provider Orientation & Update Session - Registration Form

March 29, 2012 – 8:30 a.m. – 4:00 p.m.

Hilton San Bernardino

285 E Hospitality Lane San Bernardino, CA, 92408 (909) 889-0133

Please Complete and Click to Submit

If you are registering for more than one site of service, you must complete a separate registration form for each location. General Reporting of Changes to Your Medi-Cal Provider Record: It is the provider's responsibility to report to the Department of Health Care Services (DHCS) any modifications to information previously submitted within 35 days of the change. If submitting additional changes to your Medi-Cal record (for example, a new taxpayer identification number, name change or change of ownership), the submission of a new application package is required, pursuant to CCR, Title 22, Sections 51000.30 and 51000.31. When submitting a change to your Medi-Cal record, you can obtain forms and/or the application package from the Application Forms section at www.Medi-Cal.ca.gov or by calling the Telephone Service Center (TSC) at 1-800-541-5555.

NOTE: If you indicate on Line 5 below that you are enrolling a new site, please note that individual and group providers wishing to enroll in Family PACT must send a physician-owner to this session. Licensed community clinics (e.g., FQHCs, RHCs, IHCs, and government providers) wishing to enroll must send the medical director, physician or nurse practitioner responsible for oversight of family planning services rendered at the site. Additional staff are welcome to register but will not be issued a Certificate of Attendance.

1. Legal Provider Name: Indicate the legal provider name on file with Medi-Cal DHCS.
2. Indicate Medi-Cal enrollment status.
3. NPI Number: Indicate the provider NPI number that is used to submit claims for reimbursement.
4. Service Site Information (Address, Phone Number & Contact Information): Indicate the address where Family PACT services will be rendered. Please include city, state, zip and county. This information must be consistent with your Medi-Cal Provider record. Indicate the telephone and fax number for the service site and provide a contact telephone number if different. Indicate an email address and a contact name for confirmation of registration.
5. Requesting certification for enrollment: If requesting a Certificate of Attendance, check yes and list the name of the physician-owner or practitioner authorized to enroll site in Family PACT. Session 1 and 2 attendance is mandatory for the authorized provider and he/she **must present a valid identification and medical license and MUST BE ON TIME AND ATTEND THE ENTIRE ORIENTATION. Failure to attend the entire session may result in the inability to receive a Certificate of Attendance.** Continuing education credit is available for Session 2. A separate Continuing Education form will be provided at Session 2 to those requesting credit.
6. Person(s) Attending: List name(s) of participant(s) registering for this session, their title(s) and medical license number(s), if applicable. Use a second page for additional names. Participants may attend any session of their choice, select the session(s) each participant will attend. Licensed attendees can also receive continuing education credit for Session 2. A separate Continuing Education form will be provided at Session 2 to those requesting credit.

1. Legal Provider Name (as listed on file with Medi-Cal): <i>(Name of site to whom Certificate of Attendance will be issued)</i>						
2. Enrolled in Medi-Cal: <input type="checkbox"/> Yes <input type="checkbox"/> Pending		3. NPI Number:				
4. Service Site Address Information (on file with Medi-Cal DHCS):		City:		State:	Zip:	
		County:				
Contact Name:		Contact phone:		Email:		
Service Site Phone:			Fax Number:			
5. Requesting certification for enrollment for this site (New Family PACT applicant) <input type="checkbox"/> YES If no, skip to #6 Session 2 & 3 are concurrent						
Practitioner authorized to receive Certificate of Attendance		Title	Medical License Number	Session 1, 8:30 - 2:00	Session 2, 2:00 - 4:00	Session 3, 2:00 - 4:00
				<input type="checkbox"/>	<input type="checkbox"/>	N/A
Person(s) Attending: Name(s), Title(s) & Medical License Numbers(s) (Office manager, RN, MA, Biller, etc)						
6. Name	Title	Medical License Number	Session 1, 8:30 - 2:00	Session 2, 2:00 - 4:00	Session 3, 2:00 - 4:00	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Check here if you are visually/ hearing impaired, or require wheelchair access.

- * Morning Session 1 – Family PACT Program Overview. Clinician provider in attendance to enroll in Family PACT must attend this session. Other staff new to the program or in need of an update is also encouraged to attend.
- * Afternoon Session 2 – Clinical Practice Alerts. Detailed presentation of selected Family PACT clinical issues. Clinician provider in attendance to enroll in Family PACT must attend this session. All other interested clinical staff may also attend. Free continuing education credits available.
- * Afternoon Session 3 – Tips for Successful Family PACT Administration. Provides basic information regarding program administration, documenting services, common billing errors and tips to avoid errors. Administrators, billers or other interested staff may attend.

*****For OFP Office Use Only*****

<input type="checkbox"/> Authorized to enroll in Family PACT	<input type="checkbox"/> Name of Authorized Site _____
Initials of Authorizing OFP Representative _____	<input type="checkbox"/> NPI Number of Authorized Site _____
<input type="checkbox"/> Attending brown bag Provider Enrollment session	<input type="checkbox"/> Not Authorized to enroll in Family PACT (Reason) _____

