



Provider Orientation & Update Session - Registration Form

December 7, 2010 – 8:30 a.m. – 4:00 p.m.

The California Endowment

1111 Broadway, 7th Floor, Oakland, CA 94607

Telephone: (510) 271-4333

Please Complete and FAX to 916-650-0468

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 requesting a Certificate of Attendance, 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. Request for Certificate of Attendance: If requesting a Certificate of Attendance, check yes and refer to instructions for Item #6.
6. Person(s) Attending: List name(s) of participant(s) registering for this session, their title(s) and medical license number(s), beginning with the provider authorized to receive a Certificate of Attendance. (If not requesting a Certificate of Attendance, write N/A on first line.) Use a second page for additional names. Select the session(s) each participant will attend. Session 1 and 2 attendance is mandatory for the provider authorized to receive a Certificate of Attendance and he/she **must present a valid identification and medical license**. Additional participants may attend any session of their choice. A separate Continuing Education form will be provided at Session 2 to those requesting credit.

Please print clearly

1. Legal Provider Name (as listed on file with Medi-Cal): <i>(Name to whom certificate 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): Service site address number and street name		Contact Name:	
		Contact phone:	
		Service Site Phone:	Fax Number:
City		State	Zip
County:		Email:	
5. Requesting Certificate of Attendance for this site? (Mark with an <u>X</u>) <input type="checkbox"/> YES <input type="checkbox"/> NO (If <u>NQ</u> write N/A on Line #1 below)			
6. Name(s) & Title(s) of Person(s) Attending (MD, NP, Office manager, etc)		Medical License Number (if applicable)	* Session 1, 8:30 - 2:00
			Session 2, 2:00 - 4:00
			Session 3, 2:00 - 4:00
1) <small>(Practitioner authorized to receive Certificate of Attendance) if applicable</small>			<input type="checkbox"/> <input type="checkbox"/> N/A
2)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4)			<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.

Certificate of Attendance #: _____ Date Issued: _____

(Rev.7/10_508)