



Medi-Cal Enrollment Packet Checklist

STEP 1: Complete Medi-Cal enrollment application for exempt parties

- Go to Medi-Cal site and click on "[Exempt from Licensure Clinics Package](http://www.dhcs.ca.gov/provgovpart/Pages/ExemptfromLicensureClinicApplicationPackage.aspx)." Full instructions for public health are available at: www.dhcs.ca.gov/provgovpart/Pages/ExemptfromLicensureClinicApplicationPackage.aspx

STEP 2: Attach Medi-Cal cover letter (See [job aid "Sample Medi-Cal Cover Letter"](#))

Your cover letter should include the following:

- Refer to California Health & Safety Codes 1206(b) in requesting your clinic "business" to be exempted from licensure status.
- List of CPT codes for which you intend to bill
- Name of the supervising physician for immunization protocols at your LHD.

STEP 3: Enclose with your cover letter a copy of:

- Medical license of the supervising physician for immunizations at your LHD.
- Driver's license or state-issued ID card of the responsible official signing the forms who has the authority to legally bind and represent your LHD (e.g., your Health Officer).
- Confirmation from the National Plan and Provider Enumeration System (NPPES) for each National Provider Identifier (NPI) you are listing in application package. (print-out from NPI registry).
- County tax ID verification (W-9).
- Local business license, tax certification and permit for any city and /or county where services are being rendered.
- Recorded/Stamped Fictitious Business Name Statement (FBNS), issued by the county, where principal place of service.
- Certificate of Workers' Compensation Insurance.

STEP 4: Complete forms at: http://files.medi-cal.ca.gov/pubsdoco/prov_enroll.asp.

- Medi-Cal Provider Application (DHCS 6204)
- Medi-Cal Disclosure Statement (DHCS 6207)*
- Medi-Cal Provider Agreement (DHCS 6208)

*Additional documents may need to be submitted depending upon your answers to certain questions on the Medi-Cal Disclosure Statement.

Step 5:

Mail completed forms to:

- Department of Health Care Services, Provider Enrollment Division, MS 4704, P. O. Box 997412, Sacramento, CA 95899-7412.