

ADDITIONAL INFORMATION CONTRACTOR ADDRESS FORM

PROVIDER NUMBERS are primary locations where the services are provided. Please ensure the correct Provider Numbers are reflected in this Contractor Address Form.

THE PAY TO ADDRESS is the address that will be used FOR REIMBURSEMENT. If you receive reimbursement at more than one location, please indicate in writing by placing a checkmark in the proper Pay To Address, which corresponds with the correct Provider Numbers.

USE THIS FORM IF YOU HAVE A CHANGE OF ADDRESS

Complete the Contractor Address form and return to the address printed on the form. If you have several Provider Numbers, ensure that the correct numbers are included with the Contractor Address Form.

Be extra careful to ensure the correct Provider Numbers are on this form.



DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

JONATHAN E. SHERIN, M.D., Ph.D.
Director

Gregory C. Polk, M.P.A.
Chief Deputy Director

Curley L. Bonds, M.D.
Chief Medical Officer

Lisa H. Wong, Psy.D.
Senior Deputy Director

CONTRACTOR ADDRESS FORM

New
Change of Address

Contractor Name: <small>(Must be the same name in the NPI Registry & Contract)</small>	
DBA: <small>(Must be the same name in the NPI Registry & Contract)</small>	
Contract Number:	
Provider Type:	Group <input type="checkbox"/> Individual <input type="checkbox"/>

All fields below are required

<input type="checkbox"/> Mailing Address <small>(must attach NPI Registry print out & must match the Provider Business Mailing Address in the NPI Registry)</small>		FFS Provider #:	
A.			
Telephone No. ()		Fax No. ()	
		Provider E-mail:	
<input type="checkbox"/> Office Service Location <small>(listed in Network Providers Directory)</small>		Accept Referrals: <input type="checkbox"/> Yes <input type="checkbox"/> No	
B.		NPI #:	
Telephone No. ()		Fax No. ()	
http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm :			
Service Area: <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"/> Other		Supervisorial District <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<small>* Use another sheet for additional Service location on Provider Directory</small>			
<input type="checkbox"/> Pay To Address <small>(must attach W-9 form & must match the address in W-9 form)</small>		http://camisvr.co.la.ca.us/webven/ ECAPS/WebVen Vendor #	
C.			
Telephone No. ()		Fax #: ()	
		Billing office E-mail:	

Please mail the signed form and attachments to Contracts Development and Administration Division, ATTN: Fee-For-Service Section, 510 S. Vermont Ave., 20th Floor (Room GH15), Los Angeles, CA 90020.

Signature: _____ Date: _____
Print Name of Authorized Signer: _____ Title: _____



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Page 2 of 2 (optional): for additional service locations

Contractor Name: <small>(Must be the same name in the NPI Registry & contract)</small>	
DBA: <small>(Must be the same name in the NPI Registry & contract)</small>	
Contract Number:	
Provider Type:	Group <input type="checkbox"/> Individual <input type="checkbox"/>

<input type="checkbox"/> Add <input type="checkbox"/> Delete Other Service address <small>(listed in Network Providers Directory)</small>	
A. Accept Referrals: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr/> <hr/>	
Telephone No. ()	Fax No. ()
http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm :	
Service Area: <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"/> Other	Supervisorial District <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Delete Other Service address <small>(listed in Network Providers Directory)</small>	
B. Accept Referrals: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr/> <hr/>	
Telephone No. ()	Fax No. ()
http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm :	
Service Area: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other	Supervisorial District <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Delete Other Service address <small>(listed in Network Providers Directory)</small>	
C. Accept Referrals: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr/> <hr/>	
Telephone No. ()	Fax No. ()
http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm :	
Service Area: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other	Supervisorial District <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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