



Los Angeles County
DEPARTMENT OF MENTAL HEALTH

ATTACHMENT X

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. <small>(must match the NPI Registry & Post Office Box is not accepted)</small>		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, 550 S. Vermont, 5th Floor, 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"/> <input type="checkbox"/>	Supervisorial District <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1 2 3 4 5 6 7 8 Other	1 2 3 4 5
<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"/> <input type="checkbox"/>	Supervisorial District <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1 2 3 4 5 6 7 8 Other	1 2 3 4 5
<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"/> <input type="checkbox"/>	Supervisorial District <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1 2 3 4 5 6 7 8 Other	1 2 3 4 5

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