



## **PIN Information**

PIN (Provider Identification Number) information is considered confidential by DHCS. PINs should not be given out to anyone other than the Provider. DHCS is required to hold the Provider responsible for any misuse or fraud that is committed with their PIN.

DHCS staff is responsible for validating the authenticity and validity of each PIN request. If a PIN number has been lost, forgotten, deactivated, needs to be changed or a PIN letter was not received by the appropriate person, a new PIN may be requested.

## **How to Request a New, Copy, or Forgotten PIN Number**

To request

1. a copy of your PIN Number
2. activation of your current PIN
3. a New PIN

The Provider must submit a formal PIN Request letter on Company letterhead.

Please include the following in your PIN Request letter

1. The nature of your request
2. Provider Name (i.e. Facility name or dba Name)
3. Provider Address (Where services are being provided)
4. DHCS Provider Number (4-digits)
5. NPI (10-digits)
6. Signed by High Level Official of the facility such as the Head of Service, CEO, COO, President, Program Manager, Program Director, Executive Director, etc.

The PIN Request letter may be either scanned and emailed to: [ProviderFile@dhcs.ca.gov](mailto:ProviderFile@dhcs.ca.gov) or sent by mail to:

Department of Health Care Services  
Provider Enrollment Division  
1501 Capitol Avenue, MS 4704  
PO Box 997412  
Sacramento, CA 95899-7412  
ATTN: TSU

Once we receive your PIN Request letter, it will be assigned a ticket number. The PIN Request letter will be reviewed and upon approval, PIN information will be communicated via secure email or by phone to the Head of Service.

## **PIN Instructions: Specialty Mental Health Services**

*\*Please note that the following processes are outside of DHCS and the ProviderFile, but are provided for your convenience\**

To use the PIN, the Provider must complete a Medi-Cal Point of Service (POS) Network/Internet Agreement form: [Medi-Cal Point of Service \(POS\) Network/Internet Agreement](#)

On the Medi-Cal POS Network/Internet Agreement form please note the following:

**On page 1:**

**Lines 1(a)**

**“Provider Name”** -- must be the Facility name or dba Name (must match NPPES).

**“Provider Number/NPI”** will be your **UserID** (5 preceding zeroes + four-digit Provider Number) and **not** the NPI number.

**On page 5:**

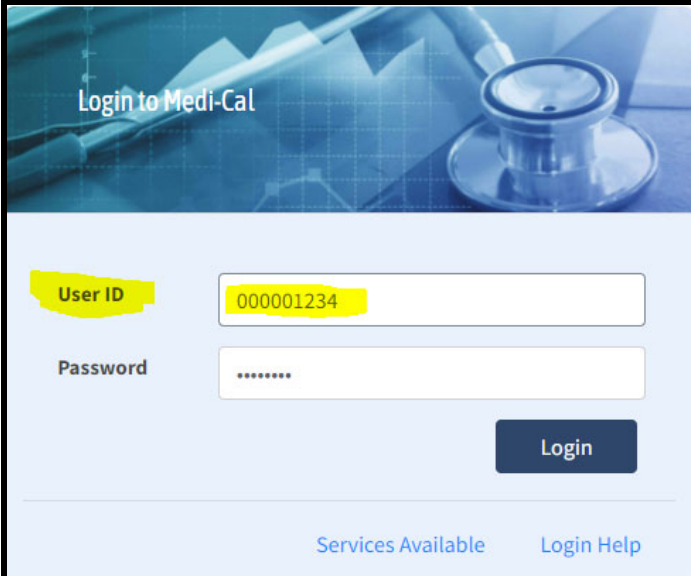
**“Printed Name of Signee”/“Signature”** – should be High Level Individual (Head of Service, CEO, COO, etc.)

**“Address”** – should be the Provider Address where beneficiaries are seen.

Failure to complete the form correctly will result in the Agreement form being denied.

Once completed, mail this form to the address located at the bottom of Page 5.

**Note:** When logging into the Medi-Cal website at [Medi-Cal: Login to Medi-Cal](#): The **“Provider Number/NPI” will be your UserID number and not the NPI number.** [See “Medi-Cal Login Screenshot“ below]



**(Medi-Cal login Screenshot)**

**User ID number:** (5 preceding zeroes + four-digit Provider Number [1234]) e.g: **000001234**

**Password:** PIN number provided in your letter

## **Useful Links**

### **Provider Enrollment Information**

<http://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx>

<http://www.dhcs.ca.gov/provgovpart/Pages/ContactPED.aspx>

<https://files.medi-cal.ca.gov/pubsdoco/faq.aspx>

[https://files.medi-cal.ca.gov/pubsdoco/prov\\_enroll.aspx](https://files.medi-cal.ca.gov/pubsdoco/prov_enroll.aspx)

### **Checking Medi-Cal Eligibility**

<https://www.medi-cal.ca.gov/MCWebPub/Login.aspx>

<https://files.medi-cal.ca.gov/pubsdoco/Services.aspx>

## **Contact Us!**

If you have PIN-related questions, please email them to: [ProviderFile@dhcs.ca.gov](mailto:ProviderFile@dhcs.ca.gov)