Provider Registration for Claims Submission

Rendering Provider Name	
Rendering Provider NPI	
Provider Type	☐ Provider ☐ Group with Practitioner(s) ☐ Facility
Group Name (if applicable)	
Group Billing NPI (if applicable)	

Provider State License Number		Provider Specialty	
Service Address		City, State, ZIP	

Phone Number			

Remit Address		City, State, ZIP	
Tax ID Number (Submit W-9)		Name Associated to Tax ID	

Contact Person	Name:
	Phone:
	Email:

**Forward completed form along with a W-9 to Provider Data Management Services
via fax at 714-954-2330 or email to provideronline@caloptima.org.
All completed requests received will be processed within seven business days.**

If you have any questions, contact the Provider Data Management Services at **714-246-8468**.
All calls will be returned within one business day.
If approved for COVID 19 Emergency Medi-Cal Provider Enrollment, please include the Department of Health Care Services (DHCS) approval letter.

Thank you,

Provider Data Management Services