

Provider Demographic Changes

Provider Name			
Provider NPI			
Provider Type	<input type="checkbox"/> Provider <input type="checkbox"/> Group and Practitioner		<input type="checkbox"/> Group <input type="checkbox"/> Facility
Group Name (if Applicable)			
Medi-Cal ID		State License Number	
Provider Specialty		Billing NPI Number	
Check Change Request	<input type="checkbox"/> Phone <input type="checkbox"/> Service Address		<input type="checkbox"/> Remit address/W9 <input type="checkbox"/> Other
Current Service Address			
Current City, State, ZIP			
Current Phone Number			
New Service Address			
New City, State, ZIP			
New Phone Number			
Current Remit Address			
Current City, State, ZIP			
New Remit Address			
New City, State, ZIP			
Tax ID Number		Name Associated to Tax ID	
New Tax ID number (Submit W-9)		New Name Associated to Tax ID	
Contact Person Name		New Contact Person Phone Number	

Forward completed form along with a W-9 to Provider Data Management Services via fax at 714-954-2330 or email at 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 department at **714-246-8468**. All calls will be returned within one business day.

Thank you.

Provider Data Management Services