



Non-Contracted Provider Registration for Claims Submission

Rendering Provider Name:		Rendering Provider NPI:	
Provider Type:	<input type="checkbox"/> Practitioner	Practitioner Type 1 NPI	
	<input type="checkbox"/> Group	Group Type 2 NPI	
	<input type="checkbox"/> Midlevel	Midlevel Type 1 NPI	
	<input type="checkbox"/> Facility/Ancillary	Facility/Ancillary Type 2 NPI	
Group Name: (If applicable)		Group Billing NPI: (If applicable)	
Sponsoring Provider Name: (If applicable)		Sponsoring Provider State License Number: (If applicable)	
Rendering Provider Specialty:		Rendering Provider State License Number:	
Service Address:			
Service City:		Service State:	Service Zip:
Phone:	Fax:	Email:	
Remit Address:			
Remit City:		Remit State:	Remit Zip:
Remit Phone:	Remit Fax:	Remit Email:	
Tax I.D. Number:		Tax I.D. Name:	
Contact Name:	Phone:	Email:	

Forward completed Non-Contracted Provider Registration for Claim Submission form along with a W9 and copy of rejected claim (if applicable) to Provider Data Management Services via fax at 714-954-2330 or email at provideronline@caloptima.org.

For providers interested in contracting with CalOptima Health, please visit our website at <https://www.caloptima.org/en/ForProviders/HowtoContractwithCalOptima.aspx>

If you need assistance, please contact Provider Data Management Services at 714-246-8468.

Thank you,

Provider Data Management Services