



Group Documents needed for Enrollments

Practice Name:

- ☐ Completed and Signed W-9
- ☐ Copy of IRS Letter CP575 or 147C
- ☐ Voided check for Business - must be color copy
- ☐ Business License for each practice location
- ☐ Copy of signed & dated Lease (if enrolling with Medi-Cal)
- ☐ General Liability Certificate (if enrolling with Medi-Cal)
- ☐ Articles of Incorporation (if enrolling with Medi-Cal)
- ☐ Copy of FNP Certificate (if applicable)
- ☐ Copies of all Insurance Contracts
- ☐ List of Contracted Insurances

Forms in this packet for completion:

- **Group Information Sheet**
 - The information contained in this document will be used to pre-populate the various payer applications.

Please note that once we have these documents completed and the copies of the documents requested that we can then begin the enrollment process with the payers.

GROUP INFORMATION SHEET

Group Name:	
Group (Type 2) NPI:	
Group Tax ID:	
Group Authorized Signer Name:	
Whom do we contact for needed documentation?	
Can we contact providers directly?	

Primary Practice Address:		Practice City:		Practice State/ZIP:	
Practice Phone:		Practice Fax:		Date open for patients:	

Additional Practice Address:		Practice City:		Practice State/ZIP:	
Practice Phone:		Practice Fax:		Date open for patients:	

Correspondence St. Address:		Correspondence City:		Correspondence State/ZIP:	
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Pay To St. Address:		Pay To City:		Pay To State/Zip:	
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Office Manager Name:		Office Manager Email:		Office Manager Phone #	
After Hours Phone Service?		Phone Name:		Phone Service #	