

Membership Panel Form



Provider Name				
NPI				
Street Address				
City, State, Zip Code				
Phone Number				
IPA Affiliation/Group Name and/or Pay to Affiliation				
Accepting New Members?	Medi-Cal	Covered CA/ Marketplace	Medicare	Cal Medi-Connect
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Please mail or fax the completed form to one of the appropriate locations listed below. For providers affiliated with IPAs, please submit the required information directly to your IPA, who will submit the information to MHC.

Los Angeles
 200 Oceangate, Suite 100
 Long Beach, CA 90802
 Attn: Provider Services
 Fax: (855) 278-0312
 Phone: (562) 499-6191

Riverside/San Bernardino
 550 E. Hospitality Ln, Suite100
 San Bernardino, CA 92408
 Attn: Provider Services
 Fax: (909) 890-4403
 Phone: (800) 232-9998

San Diego
 9275 Sky Park Ct, Suite 400
 San Diego, CA 92123
 Attn: Provider Services
 Fax: (858) 503-1210
 Phone: (858) 614-1580

Imperial
 1607 W. Main St.
 El Centro, CA 92243
 Attn: Provider Services
 Fax: (760) 679-5705
 Phone: (760) 679-5680

Sacramento
 2180 Harvard St., Suite 500
 Sacramento, CA 95815
 Attn: Provider Services
 Fax: (916) 561-8559
 Phone: (916) 561-8540

Name of individual completing this form: _____

Signature of individual completing this form: _____

Phone Number: _____

Date: _____ / _____ / _____

If you have any questions or concerns, please contact your Provider Services Representative.