

### New to Medi-Cal Provider Application Reference Chart

| Provider Type  | DHS 6201<br>Medi-Cal Durable Medical Equipment Provider Application | DHS 6202<br>Medi-Cal Orthotics and Prosthetics Provider Application | DHS 6203<br>Medi-Cal Provider Group Application | DHS 6204<br>Medi-Cal Provider Application | DHS 6205<br>Medi-Cal Pharmacy Provider Application | DHS 6206<br>Medi-Cal Medical Transportation Provider Application | DHS 6207<br>Medi-Cal Disclosure Statement | DHS 6208<br>Medi-Cal Provider Agreement | DHS 6209<br>Medi-Cal Supplemental Changes | DHS 6210<br>Medi-Cal Physician Application/Agreement | DHS 6216<br>Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental Providers | DHS 6248<br>Medi-Cal Nonphysician Medical Practitioner and Licensed Midwife Application | Required Attachments (If Applicable)<br><br><i>This chart is for reference only and does not supercede any requirements established by Medi-Cal statutes or regulations.</i>  |
|--|---|---|---|---|--|--|---|---|---|--|--|---|---|
| Allied Health Provider<br><i>(Applicants requiring physician supervision should complete DHS 6248)</i> |   |   |   | <b>X</b>                                  |  |  | <b>X</b>                                  | <b>X</b>                                |   |  |  |   | Driver's License/State Issued ID Card, TIN Verification, License, certificate or other approval, any local business license numbers/permits, Fictitious Business Name Statement/Permit, certificate of insurance for comprehensive and professional liability insurance and proof of worker's compensation insurance.   |
| DME Provider   | <b>X</b>  |   |   |   |  |  | <b>X</b>                                  | <b>X</b>                                |   |  |  |   | Fictitious Business Name Statement, TIN verification, Seller's permit, any local business license numbers/permits, Bureau of Home Furnishings and Thermal Insulation License, Home Medical Device Retailer License, Home Medical Device Retailer Exemptee License, and Driver's License/State Issued ID card of person signing application, certificate of comprehensive insurance, partnership agreement and proof of worker's compensation insurance. |
| Exempt from Licensure Clinic   |   |   |   | <b>X</b>                                  |  |  | <b>X</b>                                  | <b>X</b>                                |   |  |  |   | Driver's License/State Issued ID Card, TIN Verification, any local business license numbers/permits, License, certificate or other approval, and Fictitious Business Name Statement/Permit, certificate of insurance for liability and professional liability insurance and proof of worker's compensation insurance.   |
| Lab  |   |   |   | <b>X</b>                                  |  |  | <b>X</b>                                  | <b>X</b>                                |   |  |  |   | Driver's License/State Issued ID Card, TIN Verification, any local business license numbers/permits, License, certificate or other approval, Fictitious Business Name Statement/Permit, CLIA Certificate, and State Laboratory License/Registration, certificate of insurance for liability and professional liability insurance and proof of worker's compensation insurance.  |

### New to Medi-Cal Provider Application Reference Chart

| Provider Type                   | DHS 6201<br>Medi-Cal Durable Medical Equipment Provider Application | DHS 6202<br>Medi-Cal Orthotics and Prosthetics Provider Application | DHS 6203<br>Medi-Cal Provider Group Application | DHS 6204<br>Medi-Cal Provider Application | DHS 6205<br>Medi-Cal Pharmacy Provider Application | DHS 6206<br>Medi-Cal Medical Transportation Provider Application | DHS 6207<br>Medi-Cal Disclosure Statement | DHS 6208<br>Medi-Cal Provider Agreement | DHS 6209<br>Medi-Cal Supplemental Changes | DHS 6210<br>Medi-Cal Physician Application/Agreement | DHS 6216<br>Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental Providers | DHS 6248<br>Medi-Cal Nonphysician Medical Practitioner and Licensed Midwife Application | Required Attachments (If Applicable)   |
|---------------------------------|---|---|---|---|--|--|---|---|---|--|--|---|--|
| Medical Transportation Provider |   |   |   |   |  | X  | X   | X                                       |   |  |  |   | <p><u>For all types</u><br/>Fictitious Business Name Statement/Permit, TIN verification, certificate of comprehensive liability insurance, proof of worker's compensation insurance, city/county business license/certificate, partnership agreement, Driver's license or state-issued ID card of person signing the application, and verification of Emergency Medical Services (EMS) certification.</p> <p><u>Ambulance</u><br/>CHP certificates (301 and 360A), Brake/lamp certificate, Driver's license for each driver, DMV commercial vehicle registration, certificates for First aid/CPR for each driver, DMV DL-51 form signed by a physician for each driver, DMV driving history printout for each driver, and Standard pre-employment drug and alcohol test lab results for each driver.</p> <p><u>Aircraft</u><br/>FAA certificate and pilot's license for each pilot. Statement on company letterhead showing name and address where the aircraft is hangared.</p> <p><u>Litter and/or wheelchair van</u><br/>Brake/lamp certificate, Driver's license for each driver, DMV DL 51 for each driver, DMV commercial vehicle registration, certificates for first aid and CPR for each driver, standard pre-employment drug and alcohol tests lab results for each driver and photos of litter and/or wheelchair van.</p> |

### New to Medi-Cal Provider Application Reference Chart

| Provider Type  | DHS 6201<br>Medi-Cal Durable Medical Equipment Provider Application | DHS 6202<br>Medi-Cal Orthotics and Prosthetics Provider Application | DHS 6203<br>Medi-Cal Provider Group Application | DHS 6204<br>Medi-Cal Provider Application | DHS 6205<br>Medi-Cal Pharmacy Provider Application | DHS 6206<br>Medi-Cal Medical Transportation Provider Application | DHS 6207<br>Medi-Cal Disclosure Statement | DHS 6208<br>Medi-Cal Provider Agreement | DHS 6209<br>Medi-Cal Supplemental Changes | DHS 6210<br>Medi-Cal Physician Application/Agreement | DHS 6216<br>Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental Providers | DHS 6248<br>Medi-Cal Nonphysician Medical Practitioner and Licensed Midwife Application | Required Attachments (If Applicable)   |
|--|---|---|---|---|--|--|---|---|---|--|--|---|--|
| Nonphysician Medical Practitioner<br><i>(Applicants requiring physician supervision)</i> |   |   |   |   |  |  | <b>X</b>                                  | <b>X</b>                                |   |  |  | <b>X</b>  | Drivers License/State Issued ID card for provider, supervising physicians drivers' license or state issued ID card, certificate of professional liability insurance, license or certification, employing provider's medical license and supervising physician's medical license, verification of practitioner's employment.  |
| Orthotist  |   | <b>X</b>  |   |   |  |  | <b>X</b>                                  | <b>X</b>                                |   |  |  |   | Driver's License/State Issued ID Card, TIN Verification, any local business license numbers/permits, applicable certification, certificate of insurance for liability and professional liability insurance, proof of worker's compensation insurance.  |
| Pharmacy   |   |   |   |   | <b>X</b>   |  | <b>X</b>                                  | <b>X</b>                                |   |  |  |   | Fictitious Business Name Statement, TIN verification, Seller's permit, any local business license numbers/permits, Licenses/certificates associated with business activities, i.e., Drug Enforcement Agency Controlled Substance Registration Certificate, California State Board of Pharmacy Permit, Bureau of Home Furnishings and Thermal Insulation License, Driver's License/State Issued ID for Pharmacist in charge, Pharmacist in charge license, and Driver's License/State Issued ID card of person signing the application, partnership agreement, certificate of insurance for liability and professional liability insurance. |
| Physician  |   |   |   |   |  |  | <b>X</b>                                  |   |   | <b>X</b>   |  |   | Driver's License/State Issued ID Card, TIN Verification, CLIA certificate (if applicable), medical license, Fictitious Name Permit, State Laboratory License/Registration (if applicable), certificate of insurance for liability and professional liability insurance, proof of worker's compensation insurance, any local business license numbers/permits, and seller's permit.   |

### New to Medi-Cal Provider Application Reference Chart

| Provider Type  | DHS 6201<br>Medi-Cal Durable Medical Equipment Provider Application | DHS 6202<br>Medi-Cal Orthotics and Prosthetics Provider Application | DHS 6203<br>Medi-Cal Provider Group Application | DHS 6204<br>Medi-Cal Provider Application | DHS 6205<br>Medi-Cal Pharmacy Provider Application | DHS 6206<br>Medi-Cal Medical Transportation Provider Application | DHS 6207<br>Medi-Cal Disclosure Statement | DHS 6208<br>Medi-Cal Provider Agreement | DHS 6209<br>Medi-Cal Supplemental Changes | DHS 6210<br>Medi-Cal Physician Application/Agreement | DHS 6216<br>Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental Providers | DHS 6248<br>Medi-Cal Nonphysician Medical Practitioner and Licensed Midwife Application | Required Attachments (If Applicable)  |
|--|---|---|---|---|--|--|---|---|---|--|--|---|---|
| Prosthetist  |   | <b>X</b>  |   |   |  |  |   |   |   | <b>X</b>   | <b>X</b>   |   | Driver's License/State Issued ID Card, TIN Verification, any local business license numbers/permits, applicable certification, certificate of liability insurance, proof of worker's compensation insurance.  |
| Provider Group   |   |   | <b>X</b>  |   |  |  | <b>X</b>                                  | <b>X</b>                                |   |  |  |   | TIN verification, Fictitious Business Name Statement or Fictitious Name Permit, Seller's Permit, Driver's license/State issued ID card, any local business license numbers/permits, CLIA certificate, State laboratory license/registration, applicable certificates, partnership agreement, complete application package for each group member <b>not currently enrolled</b> as a Medi-Cal provider, certificate of insurance for comprehensive liability and professional liability insurance and proof of worker's compensation insurance. |
| Rendering Provider<br><i>(Any provider type without a current Medi-Cal Provider Number who is enrolling to join a Medi-Cal provider group and does <u>not</u> require physician supervision)</i> |   |   |   |   |  |  |   |   |   |  | <b>X</b>   |   | Driver's License/State Issued ID Card and License, Certificate or other approval, certificate of professional liability insurance.<br><br>Note: Providers with a current Medi-Cal provider number do not have to submit an application when joining a group.  |

(Revised 10/06)