

Electronic Data Systems (EDS), Fiscal Intermediary
[For the Child Health and Disability Prevention (CHDP) Program]
P.O. Box 15300
Sacramento, CA 95851-1300
916-636-1232

CHDP Provider Approval (Sample Letter)

Date

Name of CHDP Provider Applicant
Mailing Address
City, State, Zip Code

Provider Number: Number
Active Date: Date

Dear CHDP Provider Applicant:

Welcome to the CHDP program! The application for your enrollment as a CHDP provider has been processed. You may now begin submitting claims for payment using the Name, Address, and Provider Number listed above.

- No claims with “dates of services” prior to the “active date” identified above will be reimbursed.
- A copy of this letter has been sent to the CHDP program for the city/county of Name.

If you have any questions concerning this notice or other CHDP program matters, please contact your local CHDP program.