PROVIDER FILE UPDATE (PFU)

MH 3829 08/06)

COUNTY SUBMITTING FORM: San Bernardino

TYPE OF TRANSACTION *(Check one)*: ☒ Add ☐ Change ☐ Inactive

NPI: | | | | | | | | | | |

Is this Provider a satellite clinic? (Check one): Yes ☐ No ☒

COUNTY CODE: 3 6

LEGAL ENTITY NUMBER: 0 0 0 3 6 (If a Legal Entity number has not been assigned, complete a Legal Entity File Update form.)

PROVIDER NUMBER: | | | | (To be assigned by DMH only.)

PROVIDER NAME: _____

PROVIDER ADDRESS: _____

PROVIDER CITY: _____

ZIP CODE OF PROVIDER: | | | | | - | | | | (Last four digits optional.)

PROVIDER START DATE | | | | | | | | END DATE | | | | | | | |
Y Y Y Y M M D D Y Y Y Y M M D D

PROVIDER TYPE: | | CONTRACT TYPE: |

MODE OF SERVICE: SERVICE FUNCTION

COUNTY CONTACT PERSON: _____ PHONE: ( ) _____ DATE: _____