303 E. Vanderbilt Way, San Bernardino • CA 92415-0026 | Phone: 1.888.743.1478 • Fax: 909.890.0353
www.SBCounty.gov

SAN BERNARDINO COUNTY

Access Unit – Provider Signature Authorization Form

Provider Name:			
Provider Address:			
Provider Phone #:			
Effective Date:			
Provider Signature:		**Date:**	
Authorized Signature (s)			
Designee Printed Name			
Designee Signature:		**Date:**	
Designee Printed Name			
Designee Signature:		**Date:**	
Designee Printed Name			
Designee Signature:		**Date:**	
Designee Printed Name			
Designee Signature:		**Date:**	

Medi-Cal regulations require that either the FFS Provider or their designee sign and date each Form 1500 claim form submitted. If a designee signs the Provider's name, it must be initialed by the designee next to the Provider's name in Box 31 of the Form 1500.

Claims that are submitted for payment need to have at least one of the authorized signatures above.

This form is to be completed and faxed to (909) 890-0353 or returned by mail to:

County of San Bernardino- DBH
Access Unit - Claims
303 E Vanderbilt Way
San Bernardino, CA 92415