303 E. Vanderbilt Way, San Bernardino, CA 92415-0026 | Phone: 909.388.0801 Fax: 909.890.0435
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SAN BERNARDINO COUNTY

Behavioral Health
Administration

Dr. Veronica Kelley, DSW, LCSW
Director

Michael Knight, MPA
Assistant Director

Medi-Cal Certification Packet Approval Form

Provider Name: _____ NPI: _____

Site Location

Street Address	City	State	Zip	Phone Number

Business Address: (if different from above)

Corporate Name: _____

Street Address	City	State	Zip	Phone Number

Contact Person: _____

Phone Number	Fax Number	E-Mail

Medi-Cal Certification Packet Checklist: (Check-off completed documents)

- ☐ Letter of Intent
- ☐ SD/MC Provider Cert. Application
- ☐ SD/MC Provider Agreement
- ☐ Medi-Cal Provider Data Form
- ☐ Medi-Cal Provider Disclosure Statement
- ☐ Fire Notice/Clearance
- ☐ Mode of Service
- ☐ W-9
- ☐ Reporting Unit Setup Form
- ☐ Request for Cost Center

For Contract Agencies Submit Schedule A Indicating Contracted Modes

I HAVE REVIEWED AND APPROVED THE COMPLETED MEDI-CAL CERTIFICATION PACKET SUBMITTED BY THE ABOVE PROVIDER.

_____
Signature: Regional Program Manager Date

_____
Signature: Marina Espinosa, Deputy Director, MPA, CHC Date

BOP022 (01/19)