

## Primary Care Clinic (PCC) – Intermittent Clinic Change of Name Notification Checklist

The following document and information is required to notify CDPH. Failure to include the required document and information will delay processing.

**The intermittent clinic notification must be mailed directly to Provider Enrollment Division.** PCC providers may check the status of the intermittent clinic correspondence by going to the Provider Enrollment Division webpage on the [Department of Health Care Services](https://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx) (<https://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx>) and completing an Inquiry Form (found under Provider Resources).

### CHECKLIST AND INSTRUCTIONS - *Please submit your documents in this order*

#### REQUIRED DOCUMENTS FOR A CHANGE OF NAME NOTIFICATION

<i>Use this space to check if included</i>	<b>Forms and supporting documents</b>	<b>Additional Instructions</b>
	Cover Letter	<p><b>COVER LETTER</b></p> <p>Letter on company letterhead with a brief description of the request and the following information:</p> <p><u>Parent Clinic Information:</u></p> <ul style="list-style-type: none"> <li>• License number</li> <li>• Facility name and address</li> <li>• Federal Employer Identification Number</li> <li>• National Provider Identifier</li> <li>• Contact Information (name, title, phone number, and e-mail address)</li> </ul> <p><u>Intermittent Clinic Information:</u></p> <ul style="list-style-type: none"> <li>• Facility previous and new name and address</li> <li>• National Provider Identifier</li> <li>• Operational start date</li> <li>• Hours of operation</li> <li>• Contact Information (name, title, phone number, and e-mail address)</li> <li>• Signature</li> </ul>