Primary Care Clinic (PCC) - Affiliate Mobile Clinic Report of Change Application Checklist for Change of Name

The following is a list of application forms and supporting documents required for a complete application packet. Failure to include each of the forms and documents will delay processing.

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

REQUIRED DOCUMENTS FOR A CHANGE OF NAME

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	Cover Letter	**COVER LETTER** Letter on company letterhead with the following information: • License number • Facility name and ID number (if known) • Brief description of request. Include previous and proposed/new name. • Days and hours of operation • Locations serviced by mobile unit • Contact information (name, title, phone number, and email address) • Emergency Contact Information (name, email, alternate email, phone, fax, and phone number that will receive text messages). The Department will use this information to contact the provider in the event of an emergency using the California Health Alert Network (CAHAN). All information provided must allow CAHAN to contact the provider on a 24/7/365 basis for distribution of health alerts. For additional information: California Health Alert Network (CAHAN) (https://www.calhospitalprepare.org/cahan) • Signature

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	HS 200	**LICENSING & CERTIFICATION APPLICATION** **Tips** • Page 2, section B, Item 6 — An organization must own 100% of the licensee to be considered a parent company. This parent company will have its own Employer Identification Number (EIN) • Page 3, section C, Item 7 — When listing the names of individuals owning direct or indirect ownership of the facility in section C, provide the EIN (do not enter a social security number in this field)
	Supporting Documents	**BOARD RESOLUTION** • Submit a Board Resolution approving name change
	Supporting Documents	**RESTATED ARTICLES OF INCORPORATION** • Applies only to a licensee or parent company name change

MEDI-CAL CERTIFICATION DOCUMENTS

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	DHCS 9098	**MEDICAL PROVIDER AGREEMENT** • Do not leave any questions blank. Enter “same” or “N/A” if not applicable • The Mailing Address must be the same as reported on the HS 200 form • Notarized signature page is required • Submit the "Acknowledgement" page from the Notary Public, if applicable

MEDICARE CERTIFICATION DOCUMENTS

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	CMS 855A	**MEDICARE GENERAL ENROLLMENT HEALTH CARE PROVIDER/SUPPLIER APPLICATION** • This application is from the federal Department of Health and Human Services • The completed application should be mailed directly to the appropriate fiscal intermediary
	HHS 690	**ASSURANCE OF COMPLIANCE** • **OCR’s online portal is:** Office for Civil Rights (https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf) • Once the on-line submission is completed, an electronic notification from OCR stating the “**Assurance of Compliance** form was submitted successfully”-will be received by the applicant • Submit a copy of this notification