

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

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.

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 LOCATION NOTIFICATION

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	Cover Letter	<p>COVER LETTER 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"> • License number • Facility name and address • Federal Employer Identification Number • National Provider Identifier • Contact Information (name, title, phone number, and e-mail address) <p><u>Intermittent Clinic Information:</u></p> <ul style="list-style-type: none"> • Facility previous and new name and address • National Provider Identifier • Operational start date • Hours of operation • Contact Information (name, title, phone number, and e-mail address) • Signature