

Updated Disclosure Statement and Rendering Provider Application/Disclosure Forms

In accordance with *Welfare and Institutions Code* (W&I Code), Section 14043.75(b), the Department of Health Care Services (DHCS) has established revised application form requirements below. Providers applying to the Medi-Cal program must follow these guidelines in order to be reimbursed. This bulletin implements W&I Code Sections 14043.15 and 14043.26 and has the full force and effect of law.

Beginning July 6, 2015, the applicant or provider, when required pursuant to *California Code of Regulations* (CCR), Title 22, Sections 51000.30, 51000.31, 51000.32, 51000.35, and/or 51000.45, shall complete and submit as applicable, the following revised forms:

- Individual providers who are rendering healthcare services as members of a provider group or groups must use *Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental Providers* (DHCS 6216, rev. 2/15).
- Unless a provider or applicant is required to complete the *Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental Providers* (DHCS 6216, rev. 2/15) form, the provider or applicant must use the *Medi-Cal Disclosure Statement* (DHCS 6207, rev. 2/15) form.

The specific forms to be submitted are determined by provider type. The updated forms are available from the Forms page and the "Application Forms by Form Name and Number" area on the Provider Enrollment page of the Medi-Cal website.

Failure to submit the updated DHCS 6216 or DHCS 6207 may result in the denial of the application.