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## Forms Reorder Request: Guidelines

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This section explains how to order forms and envelopes used to bill and seek authorization for Medi-Cal services. Providers who need a *Provider Forms Reorder Request* for either hard copy or electronic billing should contact the Telephone Service Center (TSC) at 1-800-541-5555.

### **Ordering Hard Copy Billing Forms**

Use the California MMIS Fiscal Intermediary (FI) *Provider Forms Reorder Request*, included with each shipment of forms, to order forms and envelopes (see *Figure 1* in the provider-specific *Forms: Reorder Request* section of this manual for additional information). To meet all billing deadlines, providers should maintain a two- to three-month supply of the FI provider forms at all times. Allow two to three weeks for delivery of new forms. There is no charge for these forms and envelopes.

#### **Long Term Care and Pharmacy providers**

Mail reorder request forms to:

California MMIS Fiscal Intermediary  
P.O. Box 15400  
Sacramento, CA 95851-1400

#### **Inpatient and Outpatient providers**

Mail reorder request forms to:

California MMIS Fiscal Intermediary  
P.O. Box 15600  
Sacramento, CA 95852-1600

#### **Allied Health, Medical Services and Vision Care providers**

Mail reorder request forms to:

California MMIS Fiscal Intermediary  
P.O. Box 15700  
Sacramento, CA 95852-1700

## **Ordering Electronic Billing Forms**

Providers can order electronic billing forms by calling the Telephone Service Center (TSC) at 1-800-541-5555. The following forms are available:

- *Attachment Control Form (ACF)*
- *Medi-Cal Electronic Billing Claim Certification and Control Sheets (80-1) and (80-1C)*

**Note:** To order additional 80-1 and 80-1C forms, use the *Forms Reorder Request-Electronic Billing* form that is included with each shipment of forms.

Mail requests for electronic billing forms to:

California MMIS Fiscal Intermediary  
P.O. Box 13029  
Sacramento, CA 95813-4029

## **Change of Address/Change of Status**

Before ordering forms, providers must notify DHCS of any address or status change. See the *Provider Guidelines* section in the Part 1 manual for more information.

## **Returned Orders**

If providers request pre-imprinted claim forms and the address or status does not match the DHCS Provider Master File, the order will be returned with a *Medi-Cal Supplemental Changes* (form DHCS 6209). Providers should use this form to update the DHCS Provider Master File and re-order pre-imprinted claim forms. See the *Provider Guidelines* section in the Part 1 manual for information about this form.

**<<Legend>>**

<<Symbols used in the document above are explained in the following table.>>

<b>Symbol</b>	<b>Description</b>
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.