

Forms Reorder Request: Long Term Care

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This section explains how to complete the *Provider Forms Reorder Request for Long Term Care*. 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.

CALIFORNIA MMIS FISCAL INTERMEDIARY		PROVIDER FORMS REORDER REQUEST for Long Term Care				
FORM NUMBER	TITLE 1	INDICATE QUANTITY DESIRED (X)				ENVELOPE Indicate Amount (500 per box) 2
		100	700	1400	2400	
20-1C	LTC TREATMENT AUTHORIZATION REQUEST (TAR) 4-Part (600 per box)					
25-1C	PAYMENT REQUEST FORM 2-Part (Continuous Pin-Fed) (1400 per box)					2000
60-1	CLAIMS INQUIRY (CIF) 2-Part (1200 per box)					
60-1C	CLAIMS INQUIRY (CIF) 2-Part (Continuous Pin-Fed) (1250 per box)					50
90-1	APPEAL 2-Part (1200 per box)					
DHS 6114	RECORD OF NON-COVERED SERVICES 1-Part					
MC-171	NOTIFICATION OF PATIENT ADMISSION, DISCHARGE, DEATH 1-Part (Includes 006A Form)					

IF YOU HAVE QUESTIONS REGARDING CHANGE OF ADDRESS, PLEASE CALL 1-800-541-5555.

ORDER ONLY A 2- to 3-MONTH SUPPLY, ALLOWING 2-3 WEEKS FOR DELIVERY.

SHIP-TO ADDRESS: (MUST BE COMPLETED.) (CANNOT SHIP TO P.O. BOX.) 3

ATTENTION:
Billing Department
Shady Oak Convalescent
1234 Admit Avenue
Sacramento, CA 95862

PROVIDER NUMBER 4

0123456789

Note: Provider number or billing service submitter number must be entered or orders cannot be processed.

CONTACT PERSON: Jane Smith

PHONE NUMBER: (916) 555-5555

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Figure 1: Sample California MMIS Fiscal Intermediary *Provider Forms Reorder Request for Long Term Care*.

Explanation of Form Items

Item	Description
1	Indicate Quantity Desired (X): Mark one of the quantity boxes or indicate “other” amount desired.
2	Envelopes: Indicate number of envelopes requested.
3	Ship To Address: Enter the name and address where the forms are to be shipped. Include an “Attention” line if applicable. <u>Do not</u> use a P.O. Box.
4	Provider Number: The provider number or billing service submitter number <u>must</u> be in this box or the <i>Provider Forms Reorder Request</i> form will be returned.

<<Legend>>

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

Symbol	Description
<<	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.