

PROVIDER FINANCIAL DATA REQUEST FORM

Each request form may only contain a single request.

Enter the provider name and 10-digit National Provider Identifier (NPI).

Provider Name:
NPI:

Check the appropriate box that describes the reason for the request. Please check only one box.

Reason for Request:
<input type="checkbox"/> Missing/stolen warrant(s) – please wait 10 business days from warrant release before inquiring Warrant Number: Warrant Date:
<input type="checkbox"/> 1099
<input type="checkbox"/> Refund Check
<input type="checkbox"/> Stop payment
<input type="checkbox"/> Miscellaneous/Other
<input type="checkbox"/> Duplicate Statement of Account Status (SAS)
<input type="checkbox"/> Accounts Receivable (AR) Transaction AR Number: Warrant Number: Warrant Date:
<input type="checkbox"/> Paper Remittance Advice Details (RADs)* Warrant Number: Warrant Date:

*Providers may access a PDF version of their paper RAD and *Medi-Cal Financial Summary*. The PDF RADs are available on the Medi-Cal Provider website (www.medi-cal.ca.gov) under the “Transactions” tab. To access [Transaction Services](#), providers must have a signed [Medi-Cal Point of Service \(POS\) Network/Internet Agreement](#) form on file, an NPI, and PIN.

Providers may obtain PDF RADs dated up to three (3) years old that contain all the information that is on a paper RAD and financial summary. Printed versions of the online PDF RADs are adequate to submit as supporting documentation with *Claims Inquiry Forms (CIFs)* and *Appeal* forms.

Please provide a brief and concise explanation of the request below:

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Sign and print your name and then enter the current date.

Signature:
Printed Name:
Date:

Mail the completed form to the following address.

California MMIS Fiscal Intermediary
Attn: Cash Control
P.O. Box 13029
Sacramento, CA 95813-4029

Privacy Statement

(Civil Code Section 1798 et seq.)

All information requested on this form by the California Department of Health Care Services and any other California State Departments that are delegated responsibility to administer the Medi-Cal program, by the authority of the Welfare and Institutions Code, Sections 14043 - 14043.75, the California Code of Regulations, Title 22, Sections 51000 – 51451 and the Code of Federal Regulations, Title 42, Part 455 will be used solely to provide data to the requestor and will not be shared with any other entity. For additional information, contact the Telephone Service Center at 1-800-541-5555.