

**County of San Diego, Health and Human Services Agency (HHS)**  
**Ryan White Primary Care Program**  
**(Including Ryan White and Mental Health sites)**

**Provider Information**

**A. Contracting Parent Clinic Information**

Name of Parent Contracting Entity: \_\_\_\_\_  
 Parent Site Address: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_  
 Tax ID Number: \_\_\_\_\_ NPI #: \_\_\_\_\_

**B. Clinic Site Information**

Name of Clinic Site: \_\_\_\_\_  
 Clinic Site Address: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_  
 Clinic Site Main Telephone #: \_\_\_\_\_ Clinic Site Appointment Telephone #: \_\_\_\_\_  
 Clinic Site Main Fax #: \_\_\_\_\_

Will this site bill under the Parent Contracting Entity?  Yes  No If no, please list the individual NPI# below.

Clinic Site Individual NPI#: \_\_\_\_\_

Clinic site current PPS rate: \_\_\_\_\_

**C. Contact information for key staff members at the site**

Please include **one billing contact**:

Name & Title	E-mail	Phone number

**D. Physician and Clinician Information**

**Physicians and Clinicians**

Name	Licensure MD, DDS, NP, PA, LCSW, MSW, MFT, Ph. D., Psy D,	License Number	DEA Number	NPI # (Individual)	Start Date	Board Certified?	Specialty
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	

**Before submitting this application, be sure the application is complete. Email application to the Ryan White Contract Analyst, [Cristina.Duroiu@sdcounty.ca.gov](mailto:Cristina.Duroiu@sdcounty.ca.gov) when complete.**

**Questions? Call (858) 658-8707 or (619) 293-4722**

**Thank you.**