**County of San Diego, Health and Human Services Agency (HHSA)**
**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 unit cost:** _____

### 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<br>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 | |

**Before submitting this application, be sure the application is complete. Email application to the Ryan White Contract Analyst, Drenicka.Quiogue@sdcounty.ca.gov when complete.**

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

**Thank you.**