

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 unit cost: _____

C. Contact information for key staff members at the site

Please include **one billing contact**:

| Name & Title | E-mail | Phone number |
|--------------|--------|--------------|
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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 PHS-HSHB-ContrInv-MPR.HHSA@sdcounty.ca.gov when complete.