

**COMPLETION INSTRUCTIONS FOR DRUG MEDI-CAL (DMC) CLAIM SUBMISSION CERTIFICATION - COUNTY OPERATED PROVIDER(S)  
(DHCS100187)****GENERAL**

The DMC Claim Submission Certification form for County Operated Provider(s) (DHCS 100187) is used by county operated Drug Medi-Cal provider(s) to certify the submission of Drug Medi-Cal claims to DHCS. The county must have certification of all claims prior to submission for processing to the State. The County must retain and make available the DMC Claim Submission Certification form to DHCS on demand.

**NOTE: Only one form is required for all county operated providers, per EDI file.**

**HEADING INSTRUCTIONS**

- a. COUNTY NAME: enter the county name of who is submitting the EDI file.
- b. FEDERAL TAX IDENTIFICATION NUMBER: enter the county's Federal Tax ID number
- c. EDI File Name: Enter the name of the EDI file in which the claims certified on this form were submitted to DHCS for processing.
- d. EDI File Submission Date: Enter the date in which the EDI file was submitted for processing.

**SIGNATURE BLOCK INSTRUCTIONS**

One original signature is required on the DHCS 100187, that of the authorized claim submitter.

- a. PRINTED NAME: AUTHORIZED SERVICE PROVIDER: print the name of the authorized person from the county to sign the certification form.
- b. SIGNATURE: AUTHORIZED SERVICE PROVIDER: signature line for the authorized person from the county.
- c. PHONE NUMBER: enter the area code and phone number of the authorized person from the county.
- d. DATE SIGNED: enter the date the form was signed by the authorized person from the county.