



PIN Information

PIN (Provider Identification Number) information is considered confidential by DHCS. PINs should not be given out to anyone other than the Provider. DHCS is required to hold the Provider responsible for any misuse or fraud that is committed with their PIN.

DHCS staff is responsible for validating the authenticity and validity of each PIN request. If a PIN number has been lost, forgotten, deactivated, needs to be changed or a PIN letter was not received by the appropriate person, a new PIN may be requested.

How to Request a New, Copy, or Forgotten PIN Number

To request

1. a copy of your PIN Number
2. activation of your current PIN
3. a New PIN

the Provider must submit a formal PIN Request letter on Company letterhead.

Please include the following in your PIN Request letter

1. The nature of your request
2. Provider Name (i.e. Facility name or dba Name)
3. Provider Address
4. DHCS Provider Number (4-digit)
5. NPI
6. Signed by the Head of Service

The PIN Request letter may be either emailed to: ProviderFile@dhcs.ca.gov or sent by mail to:

Department of Health Care Services
County Claims Customer Services Section (MedCCC)
1500 Capitol Avenue, MS 2704
PO Box 997413
Sacramento, CA 95899-7413

Once we receive your PIN Request letter, it will be assigned a ticket number. The PIN Request letter will be reviewed and upon approval, PIN information will be communicated via secure email or by phone to the Head of Service.

PIN Instructions: Specialty Mental Health Services

Please note that the following processes are outside of MedCCC and the ProviderFile, but are provided for your convenience

To use the PIN, the Provider must complete a Medi-Cal Point of Service (POS) Network/Internet Agreement form: <http://files.medi-cal.ca.gov/pubsdoco/forms.asp> .

On the Medi-Cal POS Network/Internet Agreement form and/or when logging into the Medi-Cal website, please note: On the line for Provider Number/NPI please use your UserID [see below] and not the NPI. Failure to do so will result in the Agreement form being denied.

Useful Links

Provider Enrollment Information

<http://www.medi-cal.ca.gov/pubs/quickstart.htm>
http://files.medi-cal.ca.gov/pubsdoco/prov_enroll.asp#FAQS
http://files.medi-cal.ca.gov/pubsdoco/provappsenroll/PED_FAQS.pdf
http://files.medi-cal.ca.gov/pubsdoco/provappsenroll/PED_denied.pdf

Checking Medi-Cal Eligibility

<https://www.medi-cal.ca.gov/Eligibility/Login.asp>
<https://www.medi-cal.ca.gov/Eligibility/Services.asp>

Login to Medi-Cal

Please enter your User ID and Password. Click Submit when done.

Learn how to [Sign Up](#) for Medi-Cal Internet Transactions.

Please enter your User ID:

Please enter your Password:

User ID: (5 preceding zeroes + four-digit Provider Number [1234]) e.g: **000001234**
Password: PIN

Contact Us!

If you have PIN-related questions, please email them to: ProviderFile@dhcs.ca.gov