Department of Health Care Services
Children's Medical Services Network (CMS Net)
Provider Electronic Data Interchange (PEDI)
National Provider Identification (NPI) Form

Attachment C

In accordance with item #5, Provider Responsibilities in the Protocol document, you shall maintain written permission from the providers within your domain to access their individual authorizations. This form is used to provide the NPIs associated with your domain. List all NPIs that your domain shall require access to. Please submit additional provider ids on Attachment C(a) as necessary. You may be requested to provide the list as an Excel worksheet or alternative electronic format for more than 25 NPIs.

Select One	Provider/Facility Name	NPI
☐ Add ☐ Modify ☐ Delete		
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Name of Provider/Plan:			
Name of PEDI Liaison:		Liaison Phone:	
Title:		Liaison FAX:	
Liaison E-Mail Address:			
Street Address:			
City:		State:	
Zip:			

Return Form to: PEDI Liaison
Department of Health Care Services
Systems of Care Division, MS 8106
P.O. Box 997413
Sacramento, CA 95899-7413

or Fax: (916) 440-5346

Department of Health Care Services
Children's Medical Services Network (CMS Net)
Provider Electronic Data Interchange (PEDI)
Additional National Provider Identification (NPI) Form

Attachment C(a)

(This form is to be used for additional NPIs that do not fit on Attachment C.) **Please note if you are requesting more than 25 NPIs you will be requested to provide the list as an Excel worksheet or alternative electronic format.**

Select One	Provider/Facility Name	NPI
☐ Add ☐ Modify ☐ Delete		
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