

**COMPLETION INSTRUCTIONS FOR DRUG MEDI-CAL (DMC) CLAIM SUBMISSION CERTIFICATION - DIRECT CONTRACT PROVIDER  
DHCS 100185****GENERAL**

The DMC Claim Submission Certification form for Direct Contract Providers is used to certify the submission of Drug Medi-Cal claims to DHCS by a provider contracting directly with the State. This form must be completed and submitted to DHCS for EACH EDI file containing DMC claims submitted by the direct contract provider. A copy of the (if the form is faxed to DHCS, the original copy) must also be retained by the provider and made available to DHCS on demand.

**NOTE: PAYMENTS WILL NOT BE RELEASED UNTIL THE CERTIFICATION FORM IS RECEIVED BY DHCS.**

**HEADING INSTRUCTIONS**

- a. PROVIDER NAME (LEGAL ENTITY): enter the name of the provider performing the service.
- b. FEDERAL TAX IDENTIFICATION NUMBER: enter the federal tax identification number of the billing provider.
- 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.

**SIGNATURE BLOCK INSTRUCTIONS**

One original signature is required on the DHCS 100185, that of the authorized claim submitter.

- a. PRINTED NAME: AUTHORIZED CLAIM SUBMITTER: print the name of the authorized service provider.
- b. SIGNATURE: AUTHORIZED CLAIM SUBMITTER: signature line for the authorized service provider.
- c. PHONE NUMBER: enter the area code and phone number of the authorized service provider.
- d. DATE SIGNED: enter the date the form was signed by the authorized service provider.

**SUBMISSION OF DHCS 100185**

DHCS 100185 with original signature and date may either be faxed to (916) 322-1176 or mailed to:

Department of Health Care Services  
Substance Use Disorder Prevention, Treatment and Recovery Services Division  
Fiscal Management and Accountability Branch-MS 2629  
P.O Box 997413  
Sacramento, California 95899-7413