



How to Start a New Rendering Application in PAVE without a Group Application



New Rendering Application: Rendering Provider Initiated

CA .GOV **PAVE PORTAL** DHCS Tom Stevens Tom

My Home **Applications** Accounts My Tools Help

My Applications

Once you have completed the enrollment process, you will be able to modify your Medi-Cal Account. Listed below are the provider applications you have or are currently enrolling in Medi-Cal.

[+ New Application](#)

- Filter by - - Please select a filter - Search

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
No applications are listed									

[Printing Page](#)

Need technical support? Call the PAVE Help Desk at (866) 252-1949, and one of our friendly experts will be happy to assist you. The Help Desk is available Monday - Friday, 8:00 am - 6:00 pm Pacific time, excluding state holidays.



New Rendering Application: Rendering Provider Initiated

The screenshot shows the PAVE PORTAL interface. At the top, there is a navigation bar with the CA.GOV logo, the text "PAVE PORTAL", the DHCS logo, and user information for Tom Stevens and Tom. Below the navigation bar, there are tabs for "My Home", "Applications", "Accounts", "My Tools", and "Help". The "Applications" tab is selected. A progress bar shows six steps: "Start Application", "Business Structure", "NPI", "Provider Type", "Language", and "Last step". The "Start Application" step is the first and is highlighted with a red circle. Below the progress bar, there is a message from a virtual assistant: "Nice to see you again, Sandy Johnson! Please answer this simple questionnaire to help me to determine the correct type of application for you. If you need help with any of these options, you can watch the Questionnaire in-context tutorial. Let's get started!". There are four radio button options: "I'm enrolled in Medi-Cal, and I want to create an application", "I'm enrolled in Medi-Cal, and I want to affiliate with another provider", "I'm new to Medi-Cal, and I want to create a new application" (highlighted with a red box), and "I need to report Supplemental changes". Below the options, there is a link to a tutorial: "If you want help with any of these options, select The Questionnaire's in-context tutorial provides an overview on how to create a new application." At the bottom, there are "Previous" and "Continue" buttons.



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Start Application Business Structure NPI Provider Type Language Last step

Nice to see you again, Sandy Johnson!
Please answer this simple questionnaire to help me to determine the correct type of application for you.
If you need help with any of these options, you can watch the Questionnaire in-context tutorial.
Let's get started!

I'm enrolled in Medi-Cal, and I want to create an application

I'm enrolled in Medi-Cal, and I want to affiliate with another provider

I'm new to Medi-Cal, and I want to create a new application

What type of provider are you?

I'm an individual licensed/certified healthcare practitioner

I'm a group of licensed/certified healthcare practitioner

I'm a healthcare business

I need to report Supplemental changes






If you want help with any of these options, select The Questionnaire's in-context tutorial provides an overview on how to create a new application.

Once you have made your choice, select **Continue**


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New Rendering Application: Rendering Provider Initiated

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Start Application **Business Structure** NPI Provider Type Language Last step

 Let's create your application, in this section choose the option that best describes the structure of your Business. Are you a Sole proprietor using a Type 1 NPI? or is your business an entity that uses a Type 2 NPI?. Once you select an option, select continue to go to the next page.

Individual billing practitioner

- I'm an Individual Sole Proprietor
- I'm an Incorporated Individual

Individual who renders services (to a Group billing practice or Physician Surgeon or a DMC clinic)

- I'm an Allied Rendering provider, a Physician/Surgeon Rendering provider, or NMP
- I'm a Substance Use Disorder Medical Director (SUDMD) or a Licensed Substance Use Disorder

Other type of provider

- I'm an Ordering/Referring/Prescribing (ORP) provider
- I'm a Medicare **Crossover-Only** Individual

Once you have made your choice, select **Continue**

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Start Application Business Structure **NPI** Provider Type Language Last step

Okay, now that I know you want to create a new application, what is the NPI for this new application? Remember, if you selected sole proprietor you must enter a Type 1 NPI. Any other business entity type requires a Type 2 NPI.

National Provider Identifier (NPI)
value is required

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Start Application Business Structure NPI **Provider Type** Language Last step

Now, select your **provider type** from the drop-down below, then select **Continue** to move on.

Licensed Clinical Social Workers (LCSW)-Individual ✓

Once you have made your choice, select **Continue**

← Previous **Continue →**



New Rendering Application: Rendering Provider Initiated

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Start Application Business Structure NPI Provider Type **Search Affiliation** Language Last step

Okay. Now I need the NPI of the provider that you want to establish as your affiliate. Once you've entered the NPI, select the corresponding rendering provider application below.

Please enter the NPI of the provider you would like to affiliate with

National Provider Identification (NPI)

value is required



New Rendering Application: Rendering Provider Initiated

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Start Application Business Structure NPI Provider Type Search Affiliation Language Last step

Okay. Now I need the NPI of the provider that you want to establish as your affiliate. Once you've entered the NPI, select the corresponding rendering provider application below.

Please enter the NPI of the provider you would like to affiliate with

National Provider Identification (NPI)
Please select Verify in order to continue

The NPI 1902086028 is related to the following account(s) or in progress applications in PAVE Portal system. Please select the account or application that belongs to the provider you would like to affiliated with.

Select	Account/App ID	Type	Provider Name	Provider Type	Service Address
<input checked="" type="radio"/>	100097381	Account	KALRA, T M MD APC	Physician/Surgeon Group	520 Superior Ave, 295, Newport Beach - CA, 92663-3637



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Tom Stevens Sandy

Start Application Business Structure NPI Provider Type Search Affiliation Language **Last step**

Before you can continue, please review the summary below. It contains all your previous selections to create this application. You can select the Previous button to go to the previous sections and make any changes you need.

The summary below contains all the information PAVE Portal requires to create your application. Please review and select Continue to create your application or select Previous to make any necessary changes.

Start Application

I'm **new to Medi-Cal**, and I want to create a new application

I'm an individual licensed/certified healthcare practitioner

Business Structure

Individual who renders services (to a Group billing practice or Physician Surgeon or a DMC clinic)

I'm an Allied Rendering provider, a Physician/Surgeon Rendering provider, or NMP

NPI of the application

177777779 [View Details](#)

Provider Type

Licensed Clinical Social Workers (LCSW)-Individual

Language

Group/Org. or Physician/Surgeon Information

National Provider Identifier (NPI)	199999977
Provider Legal Name	KALRA, T M MD APC
Provider Type	Physician/Surgeon Group
Service Address	520 Superior Ave, 295, Newport Beach - CA, 92663-3637

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10% 0%

Tom Stevens Tom

New Message Submit Section

Send to Group

Provider Type Licensed Clinical Social Workers (LCSW)-Individual

Application ID 1924NHSI

Creation Date 02/07/2019

Package Type Rendering Provider

- Group Info Expand All
- Business Information
- Profile Information
- Service Address
- Group Signature

- Rendering Info Expand All
- Getting Started
- Profile Information
- Business Information
- Practice Information
- Disclosure Information
- Rendering Signature
- Submit Application

Profile Information

Profile Information

Hi KALRA, T M MD APC. Please review the accuracy of the information belonging to the affiliator application.

Account ID	100097381	✓
Provider name	KALRA, T M MD APC	✓
Provider type	Physician/Surgeon Group	✓
National Provider Identification (NPI)	1999999977	

Continue →



New Rendering Application: Rendering Provider Initiated

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Group Info Expand All

- Business Information
- Profile Information
- Service Address**
- Group Signature

Rendering Info Expand All

- Getting Started
- Profile Information
- Business Information
- Practice Information
- Disclosure Information
- Rendering Signature
- Submit Application

Service Address

Now it's time to review the information about the addresses where the applicant provides services to Medi-Cal beneficiaries.

Listed is the service address where [Rendering Applicant name Goes Here] will provide services.

Account ID	NPI	Service Address
100097381	1999999977	520 Superior Ave, 295, Newport Beach - CA, 92663-3637

Below are additional service addresses associated with the NPI. Please indicate if [Rendering Applicant name Goes Here] will also provide services to Medi-Cal beneficiaries at any of these locations.

Select All Clear All

Account ID	Service Address	Provider Type
No service addresses are listed.		



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Group Info Expand All

- Business Information
- Group Signature
- Electronic Signature

Rendering Info Expand All

- Getting Started
- Profile Information
- Business Information
- Practice Information
- Disclosure Information
- Rendering Signature
- Submit Application

Declarations Electronic Signature Summary

If you need help with this section, please watch this In-Context Tutorial about e-signing an application.

You can not complete this section. It needs to be completed by the Group practice or Physician/Surgeon you are affiliating with. Please use the [Send to Group](#) button to notify the other party about this application.

Previous Continue



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Tom Stevens Tom

Group Info **Expand All**

- Business Information
- Group Signature

Rendering Info **Expand All**

- Getting Started
- Profile Information
- Individual Profile**
- Business Information
- Practice Information
- Disclosure Information
- Rendering Signature
- Submit Application

Personal Information Residential Address Identification Summary

Please take a few minutes to fill out some personal information so we can continue.

Prefix: <Select a Prefix>

First name: Tom ✓

Middle name: L ✓

Last name: Stevens ✓

Suffix: <Select a Suffix> ✓

Professional title: LCSW ✓

Gender: Male ✓

Date of birth: **/01/**** ✓ **Age 54**

Email address: tom@gmail.com ✓

If the provider is subject to High Risk Screening and a fingerprint-based criminal background check, attach Livescan receipts [here](#)

← Previous Continue →



New Rendering Application: Rendering Provider Initiated

The screenshot displays the PAVE PORTAL interface for a new rendering application. The top navigation bar includes the CA.GOV logo, the PAVE PORTAL title, the DHCS logo, and user information for Tom Stevens. A notification bubble states: "You're almost ready to sign your application! Even though you're completing and submitting your application through PAVE Portal and not on paper, your signature is still required. Using the electronic signature feature, you can submit this application just like your handwritten signature. Please read the Medi-Cal Provider Agreement declarations below and then check the boxes to declare that you agree with this process."

The left sidebar contains a "Rendering Info" section with an "Expand All" button. The sidebar items are: "Getting Started", "Profile Information", "Business Information", "Practice Information", "Disclosure Information", "Rendering Signature", "Electronic Signature", and "Submit Application". The "Rendering Signature" and "Electronic Signature" items are highlighted with a red box. The "Getting Started" and "Profile Information" items have half-filled circles, while "Rendering Signature" has a full circle.

The main content area features a "Medi-Cal Provider Agreement" section with a red arrow pointing to the text: "Medi-Cal Provider Agreement value is required". Below this, there are three checkboxes, all of which are checked and highlighted with a red box:

- Tom Stevens**, have read, understood and agree to the terms of the Medi-Cal Provider Agreement.
- Tom Stevens**, have reviewed my application and believe all information and attachments are correct, to the best of my knowledge.
- Tom Stevens**, declare under penalty of perjury under the laws of the State of California that the foregoing information and the information on all attachments is true, accurate and complete, to the best of my knowledge and belief, and that I am authorized to sign this application pursuant to Title 22, California Code of Regulations, Section 51000.30.

At the bottom of the page, there are two buttons: "Previous" and "Continue". The "Continue" button is highlighted with a red box.



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Group Info Expand All

- Business Information
- Group Signature

Rendering Info Expand All

- Getting Started
- Profile Information
- Business Information
- Practice Information
- Disclosure Information
- Rendering Signature
- Electronic Signature
- Submit Application

Declarations E-Signature Summary

Almost done!! Verify that the SSN and Year of birth entered match what you entered on Profile Information form. If you need more help, you can always watch our ICT video about Rendering Signature process.

Tom Stevens, certify that I intend for my electronic signature on this application to be a legally binding equivalent of my traditional handwritten signature.

SSN (last 4 digits) ###-##-###5 ✓

Year of birth ##/##/###5 ✓

Email address TomSi@gmail.com

Please Enter the password used to log into the Portal

Password *****

← Previous Continue →



New Rendering Application: Rendering Provider Initiated

The screenshot shows the PAVE PORTAL interface. At the top, there is a navigation bar with the CA.GOV logo, the text "PAVE PORTAL", the DHCS logo, and user information for Tom Stevens. The main content area is divided into two columns. The left column contains a sidebar with sections: "Group Info" (with an "Expand All" button) and "Rendering Info" (with an "Expand All" button). Under "Group Info", "Business Information" and "Group Signature" are listed. Under "Rendering Info", "Getting Started", "Profile Information", "Business Information", "Practice Information", "Disclosure Information", "Rendering Signature", "Submit Application", "Checklist", and "Submit" are listed. The "Group Signature" and "Submit Application" items in the sidebar are highlighted with red boxes. The right column shows the "Submit Application" page. At the top, there is a "Submit Application" button. Below it, a message bubble says: "Oops! Your application **can't be submitted as it is**. Don't worry. Let's review the checklist again to be sure you have added all the required documents." Below the message, there is a paragraph of text: "Please review each of the application's forms and sub-forms to ensure all the required documents are attached. To double check which documents or forms have been attached, go to the Checklist sub-form. Finally, make sure the application is signed by both the Group/Organization and the Rendering Provider with whom you are affiliating." Below this text, there is a checked checkbox: "I want to send this application to the Group for completion." Below the checkbox, there are two buttons: "Send to Group" and "Submit Application", both highlighted with red boxes. At the bottom right of the main content area, there is a "Previous" button.



New Rendering Application: Rendering Provider Initiated

A screenshot of the PAVE PORTAL web application. The interface is dark-themed with a sidebar on the left containing navigation options like 'Group Info', 'Rendering Info', and 'Submit Application'. A modal dialog box titled 'Send to Group' is centered on the screen, containing the text: 'An invitation to affiliate will be sent to the Admin(s) of the KALRA, T M MD APC Business profile. You will receive a notification when the Group/Organization accepts/rejects this invitation'. Below the text are two buttons: 'Continue' (highlighted with a red box) and 'Cancel'. The background application shows a 'Send to Group' button and a 'Submit Application' button, along with a 'Previous' button at the bottom right.



New Rendering Application: Rendering Provider Initiated

A screenshot of an email client interface showing a 'Rendering Affiliation Invitation' from Tom Stevens to Austin Chen. The email content includes a 'Message Invitation' from KALRA, T M MD APC, with instructions to accept or reject the affiliation via hyperlinks. A red arrow points to the 'Accept Affiliation' link. The interface also shows a 'Message History Thread' table at the bottom.

Rendering Affiliation Invitation

Date: Thu 02/07/2019 02:57 pm

From: Tom Stevens

Subject: RenderingAffiliation Invitation

Attached Files 0

To: Austin Chen

Message Invitation

KALRA, T M MD APC,

Tom Stevens requests to be affiliated with your organization.

To accept this affiliation, select the Accept Affiliation hyperlink.

[Accept Affiliation](#)

To reject this affiliation, select the Reject Affiliation hyperlink.

[Reject Affiliation](#)

Sincerely,
Tom Stevens

Message History Thread

From	To	Subject	Type	Date Sent
Tom Stevens	Austin Chen	RenderingAffiliation Invitation	NEW	Thu 02/07/2019 02:57 pm



New Rendering Application: Rendering Provider Initiated

CA.GOV PAVE PORTAL DHCS

9 10 KALRA, T M MD A... Austin

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Provider Name Tom Stevens 86% Complete 100% Documents

Provider Type Licensed Clinical Social Workers (LCSW)-Individual 86% 100%

Application ID 1924NHSI

Creation Date 02/07/2019

Package Type Rendering Provider

New Message Submit Section Send to Rendering

Group Info Expand All

Business Information

Group Signature

Electronic Signature

Rendering Info Expand All

Getting Started

Declarations Electronic Signature Summary

, Austin Chen, declare under penalty of perjury under the laws of the State of California that the foregoing information and the information on all attachments is true, accurate and complete, to the best of my knowledge and belief, and that I am authorized to sign this application pursuant to Title 22, California Code of Regulations, Section 51000.30.

Previous Continue



New Rendering Application: Rendering Provider Initiated

CA .GOV PAVE PORTAL DHCS KALRA, T M M D A... Austin

Package Type: Rendering Provider

Group Info Expand All

- Business Information
- Group Signature
- Electronic Signature

Rendering Info Expand All

- Getting Started
- Profile Information
- Business Information
- Practice Information
- Disclosure Information
- Rendering Signature
- Submit Application

Declarations Electronic Signature Summary

Well, here we are! Your E-Signature is important to maintain an appropriate security level. Be careful and ensure it is confidential.

Austin Chen, certify that I intend for my electronic signature on this application to be a legally binding equivalent of my traditional handwritten signature.

SSN (last 4 digits) ###-##-####5 ✓

Year of birth ##/##/####6 ✓

Email address AustinC@yahoo.com

Please Enter the password used to log into the Portal

Password

← Previous Continue →



New Rendering Application: Rendering Provider Initiated

CA.GOV PAVE PORTAL DHCS

Workers (LCSW)-Individual

Application ID 1924NHSI
Creation Date 02/07/2019
Package Type RenderingProvider

Send to Rendering

Group Info Expand All

- Business Information
- Group Signature

Rendering Info Expand All

- Getting Started
- Profile Information
- Business Information
- Practice Information
- Disclosure Information
- Rendering Signature
- Submit Application
- Checklist
- Submit

Submit Application

What a great job Austin Chen! Now your application is ready to be submitted for approval. Remember that **once submitted, you cannot make any changes** to this application. Thank you for give me such important information. I really enjoyed spending time with you. See you later.

The application is ready to be submitted. Please select Submit Application to submit this application.

Once application is submitted, both parties: Group and Rendering will receive a notification of the submission.

I want to send this application to the Rendering provider for final review and submission.

Send to Rendering

Submit Application

Previous



New Rendering Application: Rendering Provider Initiated

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My Home **Applications** Accounts My Tools Help

My Applications

Once you have completed the enrollment process, you will be able to modify your Medi-Cal Account. Listed below are the provider applications you have or are currently enrolling in Medi-Cal.

[New Application](#)

- Filter by - - Please select a filter - Search

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
1924NHSI	Submitted	Tom Stevens	Licensed Clinical Social Workers (LCSW)-Individual	1777777779	Rendering Provider	100%	02/07/2019	Tom Stevens	View, Edit, Print
1812DE87	Approved	AARON, NEAL J DO	Physician/Surgeon	1111111444	Rendering-S	100%	12/12/2018	PETER ABT	View, Edit, Print, 1
1812SRKU	Approved	CRAIG, JAMES R JR MD	Physician/Surgeon	1555555888	Rendering-S	100%	12/12/2018	Christina Baggott	View, Edit, Print, 1
18126PQQ	Approved	KALRA, T M MD APC	Physician/Surgeon Group	1999999997	New application/Change of ownership	100%	12/12/2018	Austin Chen	View, Edit, Print, 2



New Rendering Application: Rendering Provider Initiated

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My Home **Applications** Accounts My Tools Help

My Applications

Once you have completed the enrollment process, you will be able to modify your Medi-Cal Account. Listed below are the provider applications you have or are currently enrolling in Medi-Cal.

[New Application](#)

- Filter by - - Please select a filter - Search

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions					
1924NHSI	Submitted	Tom Stevens	Licensed Clinical Social Workers (LCSW) - Individual	1777777779	Rendering Provider	100%	02/07/2019	Tom Stevens						



PAVE ON!