



Signing an Application in PAVE



Signing a PAVE Application

- To sign a PAVE application you must be legally authorized to sign the application
 - This is an individual who is the sole proprietor, partner, corporate officer, or by an official representative of a governmental entity or non-profit organization, who has the authority to legally bind the applicant
 - For group applications, an approved Medi-Cal Delegated Official, can sign the group section of the affiliation section only.
- You must be logged into PAVE with your User ID, utilizing your own email and password
- You must have a role in PAVE that is allowed to sign



Signing a PAVE Application

The screenshot displays the PAVE Portal interface. At the top, there is a navigation bar with the CA.GOV logo, the text "PAVE PORTAL", the DHCS logo, notification icons for 8 messages and 4 alerts, a dropdown menu for "SD Pharmacy", and a user profile for "James".

On the left side, a "Content" sidebar lists several menu items: "Getting Started", "Business Information", "Practice Information", "Disclosure Information", "Claim Payment", "Application Fee", "Signature", "Electronic Signature", and "Submit Application". The "Signature" and "Electronic Signature" items are highlighted with a red box.

The main content area features a progress bar with three stages: "Declarations" (active), "E-Signature", and "Summary". Below the progress bar, a callout box with a woman's icon contains the following text:

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.

Below the callout, a note states: "Please note that in order to continue with the E-Signature process, you must read the Provider Agreement." This is followed by a link for "Medi-Cal Provider Agreement" with a red arrow pointing to it. Below the link, there are two input fields, both marked "value is required":

- I, **James Boyd**, declare that I have legal authorization to sign this application for and on behalf of **SD Pharmacy**.
- value is required



Signing a PAVE Application

A screenshot of a web browser window displaying a document titled "Preview Medi-Cal Provider Agreement". The browser's address bar shows "CA.GOV" and "DHCS". The document content is centered and reads:

MEDI-CAL PROVIDER AGREEMENT

EXECUTION OF THIS PROVIDER AGREEMENT BETWEEN AN APPLICANT OR PROVIDER HEREINAFTER JOINTLY REFERRED TO AS "PROVIDER") AND THE DEPARTMENT OF HEALTH CARE SERVICES (HEREINAFTER "DHCS"), IS MANDATORY FOR PARTICIPATION OR CONTINUED PARTICIPATION AS A PROVIDER IN THE MEDI-CAL PROGRAM PURSUANT TO 42 UNITED STATES CODE, SECTION 1396a(a)(27), TITLE 42, CODE OF FEDERAL REGULATIONS, SECTION 431.107, WELFARE AND INSTITUTIONS CODE, SECTION 14043.2, AND TITLE 22, CALIFORNIA CODE OF REGULATIONS, SECTION 51000.30(a)(2).

AS A CONDITION FOR PARTICIPATION OR CONTINUED PARTICIPATION AS A PROVIDER IN THE MEDI-CAL PROGRAM, PROVIDER AGREES TO COMPLY WITH ALL OF THE FOLLOWING TERMS AND CONDITIONS, AND WITH ALL OF THE TERMS AND CONDITIONS INCLUDED ON ANY ATTACHMENT(S) HERETO, WHICH IS/ARE INCORPORATED HEREIN BY REFERENCE:

1. Term and Termination. This Agreement will be effective from the date applicant is

The browser interface includes a "View" toolbar at the top of the document area with navigation and zoom controls. The zoom level is set to 99%. The background shows a sidebar with navigation options like "My Home", "Content", "Getting Start", "Busin", "Pract", "Discl", "Claim", and "Appli".



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The screenshot shows the PAVE Portal interface. The top navigation bar includes the CA.GOV logo, the text "PAVE PORTAL", the DHCS logo, and user information for "SD Pharmacy" and "James". A left sidebar contains a menu with items: Business Information, Practice Information, Disclosure Information, Claim Payment, Application Fee, Signature, Electronic Signature, and Submit Application. The main content area features a callout box with a cartoon character and text: "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." Below this, a note states: "Please note that in order to continue with the E-Signature process, you must read the Provider Agreement. Medi-Cal Provider Agreement value is required". A list of four checkboxes is shown, each with a red box around it. The first checkbox is checked and contains the text: "I, James Boyd, declare that I have legal authorization to sign this application for and on behalf of SD Pharmacy." The second checkbox is checked and contains: "I, James Boyd, have read, understood and agree to the terms of the Medi-Cal Provider Agreement." The third checkbox is checked and contains: "I, James Boyd, have reviewed my application and believe all information and attachments are correct, to the best of my knowledge." The fourth checkbox is checked and contains: "I, James Boyd, 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", both with red boxes around them.

CA.GOV PAVE PORTAL DHCS

SD Pharmacy James

Business Information

Practice Information

Disclosure Information

Claim Payment

Application Fee

Signature

Electronic Signature

Submit Application

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.

Please note that in order to continue with the E-Signature process, you must read the Provider Agreement.

[Medi-Cal Provider Agreement](#) value is required

I, **James Boyd**, declare that I have legal authorization to sign this application for and on behalf of **SD Pharmacy**.

I, **James Boyd**, have read, understood and agree to the terms of the Medi-Cal Provider Agreement.

I, **James Boyd**, have reviewed my application and believe all information and attachments are correct, to the best of my knowledge.

I, **James Boyd**, 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 →



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CA.GOV PAVE PORTAL DHCS

SD Pharmacy James

Content Expand All

- Getting Started
- Business Information
- Practice Information
- Disclosure Information
- Claim Payment
- Application Fee
- Signature
- Electronic Signature
- Submit Application

Declarations E-Signature Summary

To continue with the e-Signature process, I need to verify your personal information.

After agreeing to the declaration, make sure your Social Security Number and Date of Birth are identical to what you entered in the Personal Information section of the Ownership/Control Interest sub-form.

Please treat this section the same way as if you were using your PIN at an ATM.

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

I, **James Boyd**, 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 ##/##/###9 ✓

Email address JamesBoyd@msn.com

Password

← Previous Continue →



Signing a PAVE Application

The screenshot shows the PAVE PORTAL interface for user James. The header includes the CA.GOV logo, the PAVE PORTAL title, the DHCS logo, and navigation icons for messages and phone. The main content area displays application details for SD Pharmacy, including Provider Name, Type, ID, Creation Date, and Package Type. Progress indicators show 98% completion and 100% documents. A 'Submit Application' button is highlighted with a red box. A message bubble congratulates the user and warns that once submitted, changes cannot be made. A 'Previous' button is also visible.

Content	Expand All
Getting Started	●
Business Information	●
Practice Information	●
Disclosure Information	●
Claim Payment	●
Application Fee	●
Signature	●
Submit Application	●
Checklist	●
Submit	○



PAVE ON!