



Santa Clara County — Directory Listing Information

Please complete the following information to ensure your provider listing is accurate in our provider directories and online Provider Look-Up Tool. Copy this form for additional provider/office locations. Fax this form back to **1-844-249-8019**.

Physician name (last, first, MI):	
Title (Check one.): <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> MSN-NP/MPH <input type="checkbox"/> PA-C <input type="checkbox"/> Other: _____	
NPI:	Tax ID:
Accepting new patients? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Please check this box if you have no changes to report this quarter.	

As applicable, include other credentials and/or certifications for the following.

Provider specialty:		Do you e-prescribe? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Office/company name (if applicable):			
Address:			
City:	State:	ZIP:	Office location #:
Phone number:			
Fax number:			
(Please note: The phone number listed should be the one for appointments and office information. Your fax number does not need to be included in the provider directory.)			
Days and hours of operation:		Languages spoken:	
Monday: _____		1. _____	
Tuesday: _____		2. _____	
Wednesday: _____		3. _____	
Thursday: _____		4. _____	
Friday: _____		5. _____	
Saturday: _____		List any non-English languages (including ASL) spoken by the provider or offered on-site by skilled medical interpreters. As applicable, indicate if the provider has access to language line interpreters.	
Sunday: _____			
Licensing information (in other words, board certified):			
Public transportation access: <input type="checkbox"/> Bus <input type="checkbox"/> VTA light rail <input type="checkbox"/> Other: _____			
Cultural competency training completed (annual requirement): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Accessibility (Check all that apply.):			
<input type="checkbox"/> Wide entry	<input type="checkbox"/> Wheelchair access	<input type="checkbox"/> Scales	<input type="checkbox"/> Bathrooms/stalls
<input type="checkbox"/> Grab bars	<input type="checkbox"/> Parking	<input type="checkbox"/> Exterior building	<input type="checkbox"/> Rest room
<input type="checkbox"/> Platform scale	<input type="checkbox"/> Height-adjustable exam table	<input type="checkbox"/> Medical equipment access	

<https://mediproviders.anthem.com/ca>

Special experiences (Check all that apply.):	
<input type="checkbox"/> S572 Development Disabled Child Patients	<input type="checkbox"/> S273 IP Substance Abuse Facility (Child)
<input type="checkbox"/> S488 Developmental Disability	<input type="checkbox"/> S115 OP Mental Health/Substance Abuse
<input type="checkbox"/> S542 Neurodevelopmental Disabilities	<input type="checkbox"/> S115 OP Mental Health/Substance Abuse
<input type="checkbox"/> 1004 AIDS HIV Issues	<input type="checkbox"/> S942 OP Substance Abuse Clinic
<input type="checkbox"/> 1035 Severe Mental Illness	<input type="checkbox"/> S410 Substance Abuse IP med supr w/draw
<input type="checkbox"/> S573 Homeless Services	<input type="checkbox"/> S411 Substance Abuse IP rehab services
<input type="checkbox"/> S483 Hearing Impaired	<input type="checkbox"/> S416 Substance Abuse OP clinical servic
<input type="checkbox"/> S480 Blind	<input type="checkbox"/> S413 Substance Abuse OP med supr w/draw
<input type="checkbox"/> 1095 Trauma Based Therapy	<input type="checkbox"/> S417 Substance Abuse med mgd detox (acute)
<input type="checkbox"/> 1064 Trauma Behavioral Therapy	<input type="checkbox"/> S412 Substance Abuse med mntd w/draw
<input type="checkbox"/> 1009 Child Welfare Protection	<input type="checkbox"/> S181 Substance Abuse
<input type="checkbox"/> S481 Alcohol/Substance Abuse	<input type="checkbox"/> S342 Substance Abuse
<input type="checkbox"/> S074 IP Mental Health/Substance Abuse	<input type="checkbox"/> S360 Substance Abuse Counselor (Adult)
<input type="checkbox"/> S364 IP Substance Abuse Facility (Adult)	<input type="checkbox"/> S268 Substance Abuse Counselor (Adult)
<input type="checkbox"/> S365 IP Substance Abuse Facility (Child)	<input type="checkbox"/> S269 Substance Abuse Counselor (Child)
<input type="checkbox"/> S272 IP Substance Abuse Facility (Adult)	<input type="checkbox"/> S361 Substance Abuse Counselor (Child)

Other:

