



LETTER OF INTEREST

Date: _____

Physician/Practitioner

Name: _____

Contact Name: _____

Office Address: _____

Billing Address: _____

City, State, Zip: _____

City, State, Zip: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

E-mail: _____

E-mail: _____

Practice Name: _____

Office Hours: _____

EHR System: _____

Electronic (EDI) Claims Clearinghouse: _____

• **ABMS Certification Status:**

Board Certified Non Board Certified Board Eligible _____ (Date of Scheduled Exam) Specialized Pediatric Training (Fellowship/Residency)

• **Medicare Provider Transaction Access number (PTAN):** _____

• **National Provider Identification Number (NPI):** Individual: _____ Group: _____

• **My Current Curriculum Vitae (C.V.) will be:**

Attached Faxed E-mailed to: **DLContractsCA@mhealth.com**

• **As a provider with Monarch HealthCare, I would provide service to HMO AND:**

CalOptima Medi-Cal (Provider MUST be enrolled with State Medi-Cal Program)

• **Have you ever been a Monarch HealthCare Provider in the past?** Yes No

• **My primary specialty is:** _____ **My secondary specialty is:** _____

• **The language(s) I speak:** _____

• **The language(s) my office staff speak:** _____

• **My Outpatient Surgery Center affiliation(s) is/are:** _____

• **I have ownership in the following Outpatient Surgery Center(s):** _____

• **I have Hospital Privileges at:**

- | | | |
|--|--|--|
| <input type="checkbox"/> Anaheim Global Medical Center | <input type="checkbox"/> Hoag Orthopedic Institute (HOI) | <input type="checkbox"/> Orange Coast Memorial Med Center |
| <input type="checkbox"/> Anaheim Regional Medical Center | <input type="checkbox"/> Huntington Beach Hospital | <input type="checkbox"/> Orange County Global Medical Center |
| <input type="checkbox"/> Chapman Global Medical Center | <input type="checkbox"/> La Palma Intercommunity Hospital | <input type="checkbox"/> Placentia-Linda Hospital |
| <input type="checkbox"/> Children's Hospital at Mission | <input type="checkbox"/> Lakewood Regional Medical Center | <input type="checkbox"/> Saddleback Memorial - Laguna Hills |
| <input type="checkbox"/> Children's Hospital at Orange | <input type="checkbox"/> Long Beach Memorial Medical Center | <input type="checkbox"/> South Coast Global Medical Center |
| <input type="checkbox"/> Fountain Valley Regional Hospital | <input type="checkbox"/> Los Alamitos Medical Center | <input type="checkbox"/> St. Mary Medical Center |
| <input type="checkbox"/> Garden Grove Hospital | <input type="checkbox"/> Miller Children's Hospital Long Beach | <input type="checkbox"/> West Anaheim Medical Center |
| <input type="checkbox"/> Hoag Hospital - Newport | <input type="checkbox"/> Mission Hospital Regional Med Center | |
| <input type="checkbox"/> Hoag Hospital - Irvine | <input type="checkbox"/> Mission Hospital - Laguna Beach | |

Applicant Signature: _____

For Internal Use Only:

Screening Date: _____

LOI Received Date: _____

Screening Approval: _____

LOI Prepared By: _____

Screening Denial: _____

DHCS Enrollment Confirmed YES N/A FQHC