**CHOC Health Alliance Validation Attestation**

**CalOptima Health** requires that all participating providers with **CHOC Health Alliance** verify their demographic information on an annual basis. As part of this effort, providers must also attest to the following statement:

***“A provider’s failure to validate and attest to the accuracy of their Provider Directory data may result in panel closure, suppression from the Provider Directory, and/or delay of payment.”***

Please review the attached excel spreadsheet. All elements below must be confirmed or updated.

[ ]  Group Excel Spreadsheet – Please note any changes in red in the body of the excel spreadsheet or note the change in the applicable box below. Then sign this form and submit it to CHA for processing.

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| --- | --- | --- |
| [ ]  Name | [ ]  Provider Gender | [ ]  California license number |
| [ ]  Provider Type (i.e. PCP, Specialist) | [ ]  Primary Specialty (i.e. Pediatrics, Dermatology, etc.) | [ ]  Address (Office location(s)) |
| [ ]  Day phone number | [ ]  After Hours phone number | [ ]  Office fax number |
| [ ]  Office hours | [ ]  Accepting new patients (Yes/No) | [ ]  Age restrictions |
| [ ]  Administrative email address | [ ]  Special Services (i.e. CCS, CHDP) | [ ]  Facility affiliation (i.e. Hospital, ASC) |
| [ ]  Type 1 National Provider Identifier (NPI) | [ ]  Taxonomy | [ ]  Tax identification number (TIN) |
| [ ]  Type 2 NPI, if applicable | [ ]  Group Name, if applicable | [ ]  Staff Language(s) |
| [ ]  Provider Language(s) | [ ]  Comments -  |
| **Print Name** | **Signature** | **Date** |