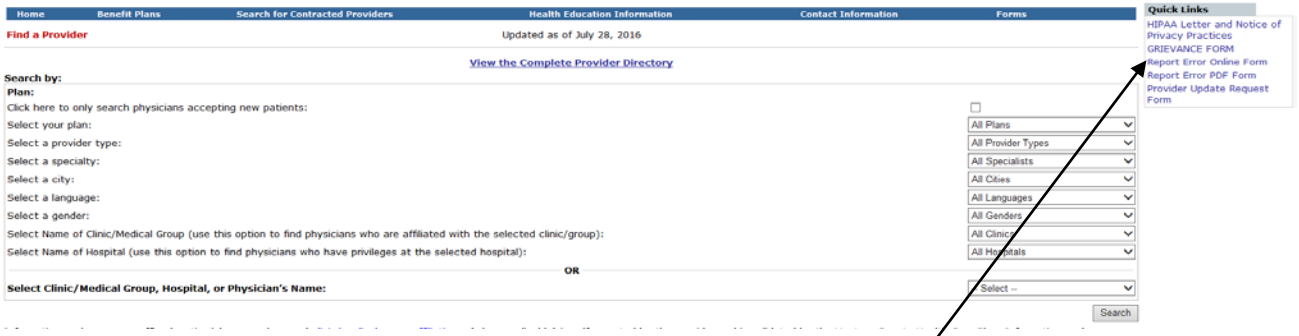
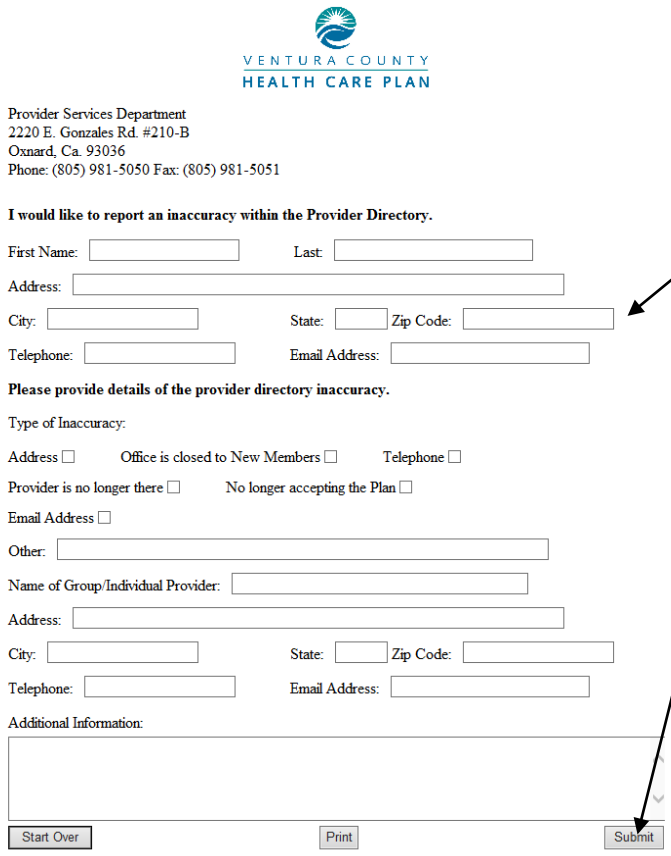
Instructions for Group Practice or Individual Provider updates or Provider Directory inaccuracies.

Ventura County Health Care Plan (VCHCP) providers can submit inquiries or provider directory inaccuracies to the Plan via the website (http://www.vchealthcareplan.org), email, fax or USPS.

Provider Directory Error Inquiry (via Website)

Ventura County Health Care Plan (VCHCP) providers have the ability to use the online form via the website if they need to submit an inaccuracy identified in the directory data. This is located at "Find a Provider" at: http://www.vchealthcareplan.org/members/physicians.aspx





1. Click on The Report Error Online Form
2. Complete the form with the appropriate information
3. Submit by clicking the "submit" button

Providers/Office Managers will receive an email acknowledging the request and a status regarding the outcome. Please provide a valid email address.

Provider Directory Error Inquiry (via Email)

VCHCP providers can initiate an update by sending a completed Provider Update Request Form to the shared mailbox at VCHCP.Provider Services@Ventura.org. The form is located on the website on the "Find a Provider" page listed above or the "Provider Connection" page at: http://www.vchealthcareplan.org/providers/providerIndex.aspx.

VENTURA COUNTY HEALTH CARE PLAN

Provider Update Request Form

Current Practice information

Effective Date of Change: _____ ☐ Group Practice ☐ Individual Provider

Name of Group/Individual Provider: _____

NPI #: _____ TAX ID #: _____

Practice Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Provider Change Information

Type of Change:

☐ Address/Billing Change ☐ Telephone/Fax Number ☐ Email Address

☐ Closed/Open to New Members ☐ NPI Change ☐ Tax ID Change

☐ Adding a Location ☐ Adding a Provider ☐ Terming a Provider

New Office Information:

Name of Group/Individual Provider: _____

NPI #: _____ Tax ID #: _____

Practice Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Providers – Please list providers that have been added or deleted from your practice.

Last Name: _____ First: _____ Middle: _____ Degree: _____

NPI #: _____ License #: _____

Last Name: _____ First: _____ Middle: _____ Degree: _____

NPI #: _____ License #: _____

Change of Ownership:

Legal Business Name of New Owner: _____

Tax ID Number of New Owner (Requires W-9 Form): _____

Authorized by:

Name: _____ Title: _____

Signature: _____ Date: _____

Please email, mail, or fax this change form and supporting documentation to: Provider Services Department at VCHCP.ProviderServices@Ventura.org; 2220 E. Gonzales Rd. #210-B, Oxnard, CA. 93036; Fax: 805-981-5051.

If preferred, please faxed to 805-981-5051 or mail to Provider Services at 2220 E. Gonzales Rd. #210-B, Oxnard, California 93036. Inaccuracies can also be reported to VCHCP by calling 805-981-5050.