



RENDERING PROVIDER FORM ATTACHMENT (MH-228A)

Mail to: Department of Mental Health
Chief Information Office Bureau
Systems Access Unit
695 South Vermont Avenue
Los Angeles, CA 90005

NAME: _____ Staff Code: _____

Additional Assigned Locations

- Add this rendering provider in the service location(s) indicated below: *(please list according to priority)*
- Delete this rendering provider in the service location(s) indicated below.

Prov No./Rept Unit Effective Date Termination Date
 FFS Prov No.
 Address: _____ City: _____ Zip: _____

Prov No./Rept Unit Effective Date Termination Date
 FFS Prov No.
 Address: _____ City: _____ Zip: _____

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