



How to Access Your Enrollment Account in PAVE and Create PAVE Applications if You Are Actively Enrolled in Medi-Cal Fee-for-Service



The Business Profile

The screenshot shows the PAVE PORTAL interface. At the top, there is a dark blue navigation bar with the CA.GOV logo, the text "PAVE PORTAL", the DHCS logo, and notification icons for email and a bell. A user profile icon for "Sandy" is highlighted with a red box. Below the navigation bar, the main content area features a large background image of a stethoscope on a tablet. On the left, a circular profile picture of a woman is shown next to the heading "WELCOME TO PAVE PORTAL" and a paragraph of text: "Just one more step to go. Before you start enjoying PAVE Portal, you'll need to set up a new Business Profile or join an existing Business Profile. All you'll need is your NPI, or the NPI of the Group/Organization or Individual's Business Profile you would like to join...". On the right, a white box titled "Let's set up your Business Profile" contains a form. The form has a label "NPI/Provider ID" above a text input field containing "1222222229". To the right of the input field is a blue button with a magnifying glass icon and the text "Verify NPI/Provider ID". Below the input field is a checkbox labeled "Do not have an NPI". The "Verify NPI/Provider ID" button and the input field are both highlighted with red boxes.



The Business Profile

CA.GOV PAVE PORTAL DHCS Sandy

WELCOME TO PAVE PORTAL

Just one more step to go. Before you start enjoying PAVE Portal, you'll need to set up a new Business Profile or join an existing Business Profile. All you'll need is your NPI, or the NPI of the Group/Organization or Individual's Business Profile you would like to join...

Let's set up your Business Profile

NPI/Provider ID: [Verify NPI/Provider ID](#)

Organization Name:

[Cancel](#) [Create my Business Profile](#)



Linking Your Account

A screenshot of the PAVE Portal website. The header includes the CA.GOV logo, the text "PAVE PORTAL", the DHCS logo, and a user profile for "Sandy". The main content area is split into two columns. The left column has a dark background with a stethoscope on a tablet and a circular profile picture of a woman. It contains the text "WELCOME TO PAVE PORTAL" and a paragraph explaining the next step: "Just one more step to go. Before you start enjoying PAVE Portal, you'll need to set up a new Business Profile or join an existing Business Profile. All you'll need is your NPI, or the NPI of the Group/Organization or Individual's Business Profile you would like to join...". The right column has a light background and is titled "Let's set up your Business Profile". It contains instructions: "Let's link your account(s) to your Business Profile", "To continue the linking process, you need to answer three proofing questions below. You need to select the question and answer, if you complete the 3 questions your account(s) will be link with your Business Profile.", and "Let's complete the 3 questions. You have 3 attempt each time". It lists three questions: "First Question: What is your SSN?", "Second Question: What is the year when you were enrolled with Medi-Cal?", and "Third Question: What is your Professional License number?". Each question has a dropdown menu and a text input field. Below each question is a "Correct Answer" label. At the bottom right, there is a blue "Continue" button with a right-pointing arrow, which is highlighted with a red square.

2/15/2019



Accessing Your Account





Account Queue

CA.GOV PAVE PORTAL DHCS

My Home Applications **Accounts** My Tools - Help

Accounts

Hello again, Hatsuko Stenzel! Listed below are your active Medi-Cal accounts. If you have any questions about them, please [send a message](#) to a Medi-Cal representative.

[Link Account\(s\)](#)

mm/dd/yyyy Search

Account ID	Status	Provider Name	Provider Type	Account Type	NPI	Begin Date	Last Updated	Service Address	Actions
800343623	1-Active	SF MEDICAL GROUP INC	Physician/Surgeon Group	Group Billing	122222229	02/23/1989	06/01/2016	6850 SEPULVEDA BLVD, STE 211, VAN NUYS, CALIFORNIA, 91405-4451	
800306682	1-Active	SF MEDICAL GROUP INC	Clinical Laboratory	Other Healthcare Business	122222229	09/09/1998	12/10/2015	7301 MEDICAL CENTER, #300, WEST HILLS, CALIFORNIA, 91307-1973	
800306681	1-Active	SF MEDICAL GROUP INC	Physician/Surgeon Group	Group Billing	122222229	01/12/1995	12/10/2015	23101 SHERMAN PL, STE 410, WEST HILLS, CALIFORNIA, 91307-2026	



Account Details

CA .GOV **PAVE PORTAL** DHCS Sandy

My Home Applications **Accounts** My Tools ▾ Help

Update Account Disenrollment

If you find the term "No Data," this indicates that the information is not found in the State's database. You will be able to correct this information once you complete a Revalidation Application

Account ID: 800343623	NPI: 122222229	Approval Date: 12/07/1989
Provider Name: SF Medical Group Inc	Contact Name: No Data	Last Update Date: 06/01/2016
Provider Type: Physician/Surgeon Group	Account Status: 1 - Active	Service Address: 6850 SEPULVEDA BLVD, STE 211, VAN NUYS, CALIFORNIA, 91405-4451
	Account Type: Group Billing	

Content Expand All

Business Information

- Business Profile
- Contact Person
- Delegated Officials
- Addresses
- Place of Business
- Insurance

Practice Information

Disclosure Information

Business Profile

Business Profile

Legal name	SF Medical Group Inc
Business name	SF Medical Group Inc
Entity type	
Business phone number	(555) 555-5555
Telephone number extension	



Updates made through the Accounts Queue

The screenshot shows a web application interface with a modal dialog box titled "Make Supplemental Changes To Your Account". The dialog box has a dark blue header with a close button (X) in the top right corner. Below the header, the text "What would you like to update in your account?" is displayed. There are four tabs: "Licenses-Certificates Permits", "Business Information", "Disclosure Information", and "Other Change Options". The "Licenses-Certificates Permits" tab is selected and highlighted with a red border. Below the tabs, there are four rows of update options, each with a toggle switch and the text "No":

Update Option	Toggle
Taxonomy Codes	No
Speciality(ies)	No
Prof. Licenses, Certificates & Lab Services	No
CLIA Certificate	No

Below the toggle options, there is a text input field with a blue border and the text "value is required". At the bottom of the dialog box, there are three buttons: "Apply Changes" (blue with a checkmark), "Go to Account Viewer" (blue with an eye icon), and "Cancel" (red with an X icon). The background of the web application is dimmed, showing a sidebar with "My Home", "Update", and "Account" sections, and a main content area with "Business Profile" and "Update" buttons.



Updates made through the Accounts Queue

A screenshot of a web application interface showing a modal dialog box titled "Make Supplemental Changes To Your Account". The dialog has a dark blue header with a close button (X) in the top right corner. Below the header, the text "What would you like to update in your account?" is followed by four tabs: "Licenses-Certificates Permits", "Business Information", "Disclosure Information", and "Other Change Options". The "Licenses-Certificates Permits" tab is active. Under this tab, there are four items, each with a toggle switch:

- Taxonomy Codes: The "Yes" toggle is selected and highlighted with a red box.
- Speciality(ies): The "No" toggle is selected.
- Prof. Licenses, Certificates & Lab Services: The "Yes" toggle is selected and highlighted with a red box.
- CLIA Certificate: The "Yes" toggle is selected and highlighted with a red box.

At the bottom of the dialog, there is a text instruction: "For other changes, please choose from the different tabs. Once you have completed your selection, click on *Apply Changes* to continue." Below this instruction are three buttons: "Apply Changes" (with a checkmark icon and highlighted with a red box), "Go to Account Viewer" (with an eye icon), and "Cancel" (with an X icon). The background of the page is dimmed, showing a sidebar with "My Home" and "Business Profile" sections, and a top navigation bar with the ".GOV" logo and a user profile for "Sandy".



Application Queue

CA.GOV PAVE PORTAL DHCS

My Home **Applications** Accounts My Tools Help

My Applications

Once you have completed the enrollment process, you will be able to modify your Medi-Cal Account. Listed below are the provider applications you have or are currently enrolling in Medi-Cal.

[+ New Application](#)

- Filter by - - Please select a filter - Search

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
No applications are listed									



Creating a Supplemental Application

CA.GOV PAVE PORTAL DHCS

SF Medical Group L... Sandy

Start Application Business Structure NPI Provider Type Language Last step

Nice to see you again, Sandy Lee!
Please answer this simple questionnaire to help me to determine the correct type of application for you.
If you need help with any of these options, you can watch the Questionnaire in-context tutorial.
Let's get started!

- I'm enrolled in Medi-Cal, and I want to create an application
- I'm enrolled in Medi-Cal, and I want to affiliate with another provider
- I'm new to Medi-Cal, and I want to create a new application
- I need to report Supplemental changes

If you want help with any of these options, select The Questionnaire's in-context tutorial provides an overview on how to create a new application.

Once you have made your choice, select **Continue**.

← Previous Continue →



Creating a Supplemental Application

CA.GOV PAVE PORTAL DHCS

☐ I'm enrolled in Medi-Cal, and I want to create an application

👤 I'm enrolled in Medi-Cal, and I want to affiliate with another provider

⊕ I'm new to Medi-Cal, and I want to create a new application

✍️ I need to report Supplemental changes

mm/dd/yyyy Search

Account ID	Status	Provider Name	Provider Type	Account Type	NPI	Begin Date	Last Updated	Service Address	Actions
800343623	1-Active	SF MEDICAL GROUP INC	Physician/Surgeon Group	Group Billing	122222229	02/23/1989	06/01/2016	6850 SEPULVEDA BLVD, STE 211, VAN NUYS, CALIFORNIA, 91405-4451	📄 👤
800306682	1-Active	SF MEDICAL GROUP INC	Clinical Laboratory	Other Healthcare Business	122222229	09/09/1998	12/10/2015	7301 MEDICAL CENTER, #300, WEST HILLS, CALIFORNIA, 91307-1973	📄 👤
800306681	1-Active	SF MEDICAL GROUP INC	Physician/Surgeon Group	Group Billing	122222229	01/12/1995	12/10/2015	23101 SHERMAN PL, STE 410, WEST HILLS, CALIFORNIA, 91307-2026	📄 👤

If you want help with any of these options, select The Questionnaire's in-context tutorial provides an overview on how to create a new application. 📖

Once you have made your choice, select **Continue**

← Previous Continue →



Creating an Application

The screenshot shows the PAVE PORTAL interface. At the top, there is a navigation bar with the CA.GOV logo, the text "PAVE PORTAL", the DHCS logo, and user information for "Sandy" from "SF Medical Group L...". Below the navigation bar is a progress indicator with six steps: "Start Application" (active), "Business Structure", "NPI", "Provider Type", "Language", and "Last step".

A welcome message from a female avatar says: "Nice to see you again, Sandy Lee! Please answer this simple questionnaire to help me to determine the correct type of application for you. If you need help with any of these options, you can watch the Questionnaire in-context tutorial. Let's get started!"

Below the message is a list of application types, with the first option highlighted by a red box:

- I'm enrolled in Medi-Cal, and I want to create an application
- I'm enrolled in Medi-Cal, and I want to affiliate with another provider
- I'm new to Medi-Cal, and I want to create a new application
- I need to report Supplemental changes

Below the list, there is a note: "If you want help with any of these options, select The Questionnaire's in-context tutorial provides an overview on how to create a new application." followed by a tutorial icon.

At the bottom, there is a instruction: "Once you have made your choice, select Continue".

Navigation buttons are located at the bottom: "← Previous" on the left and "Continue →" on the right.



Adding a Location Application

CA.GOV PAVE PORTAL DHCS SF Medical Group I... Sandy

My Home Applications Accounts My Tools Help



Nice to see you again, Sandy Stenzel!
Please answer this simple questionnaire to help me to determine the correct type of application for you.
If you need help with any of these options, you can watch the Questionnaire in-context tutorial.
Let's get started!

I'm enrolled in Medi-Cal, and I want to create an application

- My business is expanding to an additional location
- I want to add a new provider type to an existing service location
- I want to report a change of service address
- I want to report the purchase of a healthcare business

I'm enrolled in Medi-Cal, and I want to affiliate with another provider

I'm new to Medi-Cal, and I want to create a new application

I need to report Supplemental changes

If you want help with any of these options, select The Questionnaire's in-context tutorial provides an overview on how to create a new application.

Once you have made your choice, select **Continue**

← Previous

Continue →



Adding a Location Application

CA .GOV **PAVE PORTAL** DHCS

My Home **Applications** Accounts My Tools Help

Start Application **Business Structure** NPI Provider Type Language Last step

Let's create your application, in this section choose the option that best describes the structure of your Business. Are you a Sole proprietor using a Type 1 NPI? or is your business an entity that uses a Type 2 NPI?. Once you select an option, select continue to go to the next page.

What is your health care business structure?

- I'm an individual licensed/certified health care practitioner
- I'm a group of licensed/certified health care practitioners
- I'm a health care business
- I'm a Medicare Crossover-only provider

Once you have made your choice, select **Continue**

[← Previous](#) [Continue →](#)



Adding a Location Application



PAVE PORTAL



SF Medical Group I...



Sandy

My Home

Applications

Accounts

My Tools

Help

Start Application

Business Structure

NPI

Provider Type

Language

Last step



Okay, now that I know you want to add a new service location, please give me the NPI that will be associated with this additional service location

Which NPI will you be using for this additional service location?

National Provider Identifier (NPI)

value is required

Verify

Previous

Continue



Adding a Location Application

CA.GOV **PAVE PORTAL** DHCS 6 SF Medical Group I... Sandy

My Home **Applications** Accounts My Tools ▾ Help



Okay, now that I know you want to add a new service location, please give me the NPI that will be associated with this additional service location

Which NPI will you be using for this additional service location?

National Provider Identifier (NPI)

Please select the account that PAVE Portal could use to prepopulate this application. This will make it easier for you to complete your application.

Select	Account ID	Provider Name	Provider Type	NPI	Service Address
<input checked="" type="radio"/>	800306681	SF Medical Group Inc	Physician/Surgeon Group	1222222229	23101 SHERMAN PL, STE 410, WEST HILLS, CALIFORNIA, 91307-2026
<input type="radio"/>	800306682	SF Medical Group Inc	Physician/Surgeon Group	1222222229	7301 MEDICAL CENTER, STE 300, WEST HILLS, CALIFORNIA, 91307-1973

Once you have made your choice, select **Continue**



New Provider Type Application

CA .GOV **PAVE PORTAL** DHCS

My Home **Applications** Accounts My Tools Help

Start Application Business Structure NPI Provider Type Language Last step

Nice to see you again, Sandy Stenzel!
Please answer this simple questionnaire to help me to determine the correct type of application for you.
If you need help with any of these options, you can watch the Questionnaire in-context tutorial.
Let's get started!

- I'm **enrolled in Medi-Cal**, and I want to create an application
 - My business is expanding to an additional location
 - I want to add a new provider type to an existing service location
 - I want to report a change of service address
 - I want to report the purchase of a healthcare business
- I'm enrolled in Medi-Cal, and I want to affiliate with another provider
- I'm **new to Medi-Cal**, and I want to create a new application
- I need to report **Supplemental changes**

If you want help with any of these options, select The Questionnaire's in-context tutorial provides an overview on how to create a new application.

Once you have made your choice, select **Continue**

[← Previous](#) [Continue →](#)



New Provider Type Application

CA.GOV PAVE PORTAL DHCS

My Home Applications Accounts My Tools Help

Start Application Business Structure NPI Provider Type Language Last step

Let's create your application, in this section choose the option that best describes the structure of your Business. Are you a Sole proprietor using a Type 1 NPI? or is your business an entity that uses a Type 2 NPI?. Once you select an option, select continue to go to the next page.

What is your health care business structure?

- I'm an individual licensed/certified health care practitioner
- I'm a group of licensed/certified health care practitioners
- I'm a health care business

Once you have made your choice, select **Continue**

← Previous Continue →



New Provider Type Application

CA .GOV **PAVE PORTAL** DHCS SF Medical Group L... Sandy

My Home **Applications** Accounts My Tools ▾ Help

Start Application Business Structure **NPI** Provider Type Language Last step

Okay, now that I know you want to add a new service location, please give me the NPI that will be associated with this additional service location

Please select the service address that you are adding a provider type to

Select	Account ID	Provider Name	Provider Type	NPI	Service Address
<input checked="" type="radio"/>	800306681	SF Medical Group Inc	Physician/Surgeon Group	122222229	23101 SHERMAN PL, STE 410, WEST HILLS, CALIFORNIA, 91307-2026
<input type="radio"/>	800306682	SF Medical Group Inc	Physician/Surgeon Group	122222229	7301 MEDICAL CENTER, STE 300, WEST HILLS, CALIFORNIA, 91307-1973

What is the NPI for this new application?

National Provider Identifier (NPI)



Change of Location Application



Nice to see you again, Sandy Stenzel!
Please answer this simple questionnaire to help me to determine the correct type of application for you.
If you need help with any of these options, you can watch the Questionnaire in-context tutorial.
Let's get started!

I'm **enrolled in Medi-Cal**, and I want to create an application

- My business is expanding to an additional location
- I want to add a new provider type to an existing service location
- I want to report a change of service address
- I want to report the purchase of a healthcare business
- I'm enrolled in Medi-Cal, and I want to affiliate with another provider
- I'm **new to Medi-Cal**, and I want to create a new application
- I need to report **Supplemental changes**

If you want help with any of these options, select The Questionnaire's in-context tutorial provides an overview on how to create a new application.

Once you have made your choice, select **Continue**

[← Previous](#)

[Continue →](#)



Change of Location Application



PAVE PORTAL



SF Medical Group L...



Sandy

My Home

Applications

Accounts

My Tools

Help

Start Application

Business Structure

NPI

Provider Type

Language

Last step



Okay, now that i know you want to report a change of service address, please give me the NPI that is associated to the location you want to submit this change of service address

What is the NPI associated to the service location that you need to report a change of service address?

National Provider Identifier (NPI)

value is required

Verify →

← Previous

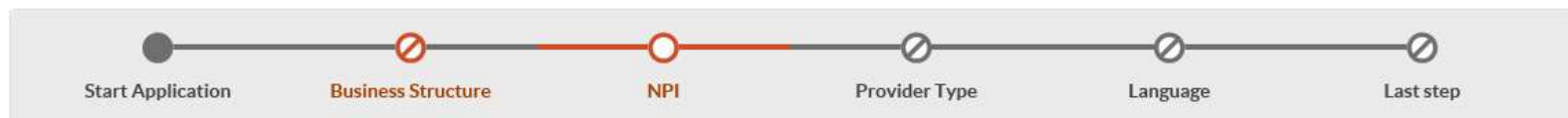
Continue →



Change of Location Application

CA.GOV PAVE PORTAL DHCS SF Medical Group I... Sandy

My Home **Applications** Accounts My Tools Help



Okay, now that i know you want to report a change of service address, please give me the NPI that is associated to the location you want to submit this change of service address

What is the NPI associated to the service location that you need to report a change of service address?

National Provider Identifier (NPI)

Please select the Medi-Cal Account that you need to report a change of service address.

Select	Account ID	Provider Name	Provider Type	NPI	Service Address
<input checked="" type="radio"/>	800306681	SF Medical Group Inc	Physician/Surgeon Group	122222229	23101 SHERMAN PL, STE 410, WEST HILLS, CALIFORNIA, 91307-2026
<input type="radio"/>	800306682	SF Medical Group Inc	Physician/Surgeon Group	122222229	7301 MEDICAL CENTER, STE 300, WEST HILLS, CALIFORNIA, 91307-1973

Once you have made your choice, select **Continue**



Creating an Application

CA.GOV PAVE PORTAL DHCS

SF Medical Group I... Sandy

My Home Applications Accounts My Tools Help

Start Application Business Structure NPI **Provider Type** Language Last step

Now that your NPI has been verified, please confirm the additional provider type for this service location.

[Select a Provider Type] value is required

If you can not find the provider type in this list, please review the business structure page to make sure you have selected the correct option. It could also be that the provider type you are looking for is not supported by PAVE Portal. To see a complete list of provider types by business structure, click [here](#).

Once you have made your choice, select **Continue**.

Previous Continue



Creating an Application

CA.GOV PAVE PORTAL DHCS

SF Medical Group L... Sandy

Do you offer your services in a language besides English? If so, select each language you offer.
If not, just select **Continue**.
After this last question, a new application will be ready for you to complete.
Keep it up! Remember, I will be with you every step of the way. If you get stuck, you can always watch one of our online tutorials or send a message to one of our friendly Medi-Cal experts.

Once you have made your choice, select **Continue**.

Select Languages

- All displayed Languages
- Spanish
- Portuguese
- Italian
- French
- Japanese
- Cantonese
- Mandarin
- Other Chinese
- Korean
- German
- Arabic
- Armenian
- Cambodian
- Farsi
- Hmong
- Vietnamese
- Russian
- Tagalog
- Hindi
- Other

← Previous

Continue →



Creating an Application

CA.GOV PAVE PORTAL DHCS

My Home Applications Accounts My Tools Help

Start Application Business Structure NPI Provider Type Language Last step

Before you can continue, please review the summary below. It contains all your previous selections to create this application. You can select the Previous button to go to the previous sections and make any changes you need.

The summary below contains all the information PAVE Portal requires to create your application. Please review and select Continue to create your application or select Previous to make any necessary changes.

Start Application
I'm **enrolled in Medi-Cal**, and I want to create an application
My business is expanding to an additional location

Business Structure
I'm a group of licensed/certified health care practitioners
Other entity

NPI of the application
122222229 [View Details](#)

Provider Type
Audiologist

Language

[← Previous](#) [Continue →](#)



The Application

CA.GOV **PAVE PORTAL** DHCS

Provider Name SF Medical Group Inc **5% Complete** **0% Documents**
Provider Type Audiologist
Application ID 1927US3B
Creation Date 02/13/2019
Package Type Group Billing

- Content Expand All
- Getting Started
 - Getting Started
 - Business Information
 - Practice Information
 - Disclosure Information
 - Rendering Provider Affiliations
 - Claim Payment

Getting Started

Hello Sandy Stenzel! You have chosen to apply as a **DHCS Medi-Cal Audiologist provider**. If you are not a Physician/Surgeon and you have Rendering providers, please choose the Group Practice option.

Our useful tools ([social chat](#), [explanation](#), [share](#) and [messages](#)) help you collaborate with your co-workers so you can become a Medi-Cal provider quickly and easily.





The Application

CA.GOV **PAVE PORTAL** DHCS SF Medical Group I... Sandy

Provider Name SF Medical Group Inc **5% Complete** **0% Documents**

Provider Type Audiologist

Application ID 1927US3B

Creation Date 02/13/2019

Package Type Group Billing

Content

- Getting Started
- Business Information**
- Business Profile**
- Contact Person
- Delegated Officials
- Addresses
- Place of Business
- Insurance
- Practice Information

Business Profile TIN/EIN & Business License Business Permits Summary

Please share some basic information about your business.

Legal name

Business name Same as legal name

Entity type
value is required

Business phone number



The Application: Explanations

CA.GOV **PAVE PORTAL** DHCS

My Home **Applications** Accounts My Tools Help

Provider Name SF Medical Group Inc **5% Complete** **0% Documents**

Provider Type Audiologist

Application ID 1927US3B

Creation Date 02/13/2019

Package Type Group Billing

New Message Submit Section

Content Expand All

- Getting Started
- Business Information**
 - Business Profile
 - Contact Person
 - Delegated Officials
 - Addresses**
 - Place of Business
 - Insurance
- Practice Information
- Disclosure Information
- Rendering Provider Affiliations

Service Address Pay to Address Mailing Address Summary

Your Medi-Cal account is based on the location where health care services will be provided. As you type, a suggested address will appear that can auto-fill the rest of the form for you. Remember that a P.O. Box cannot be used as a service address.

Street

123 Main Street

Suite/Apt

<Select a City>

value is required

California, CA

<Select a County>

value is required

Enter the applicant's business location including the street name and number, city, county, and state.. A post office or commercial box is not acceptable. As you type, an autocomplete dropdown will appear to allow you to select the address to auto-fill the required address fields.



The Application: Explanations

CA .GOV

DHCS

Sandy

Explanations

Adding an explanation

21 Characters | 1579 Characters Left | 3 Words

+ Add Cancel



Who should I contact if I have questions about your application?
Please choose a contact person who will be available during regular business hours.

Please include a contact person who will be available during regular business hours

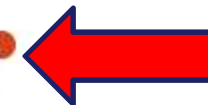
First name

Sandy



Last name

Johnson





The Application Checklist











CA.GOV PAVE PORTAL DHCS SF Medical Group L... Sandy

Content Expand All

- Getting Started
- Business Information
- Practice Information
- Disclosure Information
- Rendering Provider Affiliations
- Claim Payment
- Signature
- Submit Application**
- Checklist**
- Submit

Document Attachments Application

Excellent Sandy Lee! This is your final review. All documents listed below must be attached so this application can be submitted. To manage your documents, see the action column and remember, all uploaded documents should be clear and legible or your application may be sent back.

Document	Form/SubForm/Section	Mandatory	Attached	Actions
EIN/FEIN	Business Information/Business Profile/TIN/EIN & Business License	Yes	✓	   
Business license	Business Information/Business Profile/TIN/EIN & Business License	Yes	✗	 
General Liability Insurance Policy	Business Information/Insurance/General Liability Insurance	Yes	✗	 
Policy of Malpractice Insurance	Business Information/Insurance/Malpractice Insurance	Yes	✗	 

← Previous Continue →



The Application Checklist

CA.GOV PAVE PORTAL DHCS

Here's a summary of the information you gave me. Please review it to make sure everything's correct before moving on to submit your application. If you need to make changes to a section, select the Edit button.

Your application is complete to

Form/SubForm/Section	Documents	Social Chat	Explanations	Messages	Shared	Complete	% Completed	Actions
Getting Started						✓	100	
Getting Started						✓	100	
Business Information						✗	0	
Business Profile						✗	25	
Business Profile						✓		
TIN/EIN & Business License						✗		
Business Permits						✗		
Contact Person						✗	0	
Contact Person Information						✗		



Application Queue

My Applications



Once you have completed the enrollment process, you will be able to modify your Medi-Cal Account. Listed below are the provider applications you have or are currently enrolling in Medi-Cal.

[+ New Application](#)

- Filter by - - Please select a filter - Search

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
1927US3B	In Progress	SF Medical Group Inc	Audiologist	1222222229	Group Billing	5%	02/13/2019	Sandy STENZEL	



Application Queue

CA.GOV PAVE PORTAL DHCS MCLEOD, DENNIS... Suzanne

My Home Applications Accounts My Tools Help

My Applications



Once you have completed the enrollment process, you will be able to modify your Medi-Cal Account. Listed below are the provider applications you have or are currently enrolling in Medi-Cal.

New Application

- Filter by - - Please select a filter - Search

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
191P5VE3	Approved	MCLEOD, DENNIS M MD	Physician/Surgeon	1999999998	Rendering-S	100%	01/24/2019	Suzanne Klaus	
1810M72C	Submitted	MCLEOD, DENNIS M MD	Physician/Surgeon	1999999997	Rendering-S	100%	10/18/2018	Suzanne Klaus	
1810HHG6	Denied	DENNIS M. MCLEOD, M.D., INC	Physician/Surgeon	1999999995	Individual Billing	100%	10/18/2018	Suzanne Klaus	
1921MKUU	Resubmitted	Suzanne Klaus	Physician/Surgeon	1999999993	Individual Billing	100%	02/04/2019	Suzanne Klaus	

2/15/2019



PAVE ON!