

Please complete this form. It is required by DHCS.  
Online this is a fillable form so you can save it to your computer.  
Send the completed form to Health Plan of San Joaquin (HPSJ).

- You can email the form to **providernetworks.verification@hpsj.com**
- Or fax the form to **209.933.3700**

If you have questions for HPSJ, please email us at **providernetworks.verification@hpsj.com** or call us at **209.942.6340**.

Name of facility:

**What is your current Profit Status?**

Profit Code	DHCS Code Categories
<input type="radio"/> 1	Non-Profit
<input type="radio"/> 2	For Profit, Closely Held
<input type="radio"/> 3	For Profit, Publicly Traded
<input type="radio"/> 4	Other
<input type="radio"/> 88	Not Applicable (only practice as part of a group)

**Are you a CBAS Provider? (Community-Based Adult Services)**

Yes  No

**Practice Organization:**

TIN or SSN:

**Available Bed Counts (if a facility with beds):**

**Office of Statewide Planning and Development (OSHPD) ID# (if this is a facility):**

**Is this a teaching facility?**

Yes  No

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Ownership Code	Percentage of Ownership
<input type="radio"/> 01 Voluntary – Non-Profit – Religious Organizations	<input type="text"/> %
<input type="radio"/> 02 Voluntary – Non-Profit – Other	<input type="text"/> %
<input type="radio"/> 03 Voluntary – multiple owners	<input type="text"/> %
<input type="radio"/> 04 Proprietary – Individual	<input type="text"/> %
<input type="radio"/> 05 Proprietary – Corporation	<input type="text"/> %
<input type="radio"/> 06 Proprietary – Partnership	<input type="text"/> %
<input type="radio"/> 07 Proprietary – Other	<input type="text"/> %
<input type="radio"/> 08 Proprietary – multiple owners	<input type="text"/> %
<input type="radio"/> 09 Government – Federal	<input type="text"/> %
<input type="radio"/> 10 Government – State	<input type="text"/> %
<input type="radio"/> 11 Government – City	<input type="text"/> %
<input type="radio"/> 12 Government – County	<input type="text"/> %
<input type="radio"/> 13 Government – City-County	<input type="text"/> %
<input type="radio"/> 14 Government – Hospital District	<input type="text"/> %
<input type="radio"/> 15 Government – State and City/County	<input type="text"/> %
<input type="radio"/> 16 Government – other multiple owners	<input type="text"/> %
<input type="radio"/> 17 Voluntary /Proprietary	<input type="text"/> %
<input type="radio"/> 18 Proprietary/Government	<input type="text"/> %
<input type="radio"/> 19 Voluntary/Government	<input type="text"/> %
<input type="radio"/> 88 N/A – The individual only practices as part of a group, e.g., as an employee	<input type="text"/> %