

Please complete this form, as it is required by the Department Health Care Services (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 provider :

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)

What percentage of time do you spend at each location where you practice?

(If you need additional space please attach the additional information on a separate sheet.)

I spend	% of my time at	<input style="width: 95%; height: 25px;" type="text"/>
I spend	% of my time at	<input style="width: 95%; height: 25px;" type="text"/>
I spend	% of my time at	<input style="width: 95%; height: 25px;" type="text"/>
I spend	% of my time at	<input style="width: 95%; height: 25px;" type="text"/>
I spend	% of my time at	<input style="width: 95%; height: 25px;" type="text"/>

Do you support and complete IHSS for patients? (In Home Support Services) **Yes** **No**

Does your practice include telehealth? **Yes** **No**

Is the Provider proficient in the English language? **Yes** **No**

Is the Provider a Safety Net provider? **Yes** **No**

Does the Provider see children under age 18? **Yes** **No**

Is the Provider an HIV/AIDS Specialist? **Yes** **No**

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Practice Organization:

Name of practice :

TIN or SSN:

Ownership Code	Name of Owner (Doctor)	Percentage of Ownership	Tax ID
<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"/> %	