Monarch HealthCare®
Part of OptumCare™

11 Technology Drive
Irvine, CA 92618
Phone: (949) 923-3200
Fax: (949) 923-3594

LETTER OF INTENT

Date: _____

Physician/Practitioner Name: _____ Contact Name: _____

Office Address: _____ Billing Address: _____

City, State, Zip: _____ City, State, Zip: _____

Telephone: _____ Telephone: _____

Fax: _____ Fax: _____

E-mail: _____ E-mail: _____

Practice Name: _____ Office Hours: _____

EHR System: _____ Electronic (EDI) Claims Clearinghouse: _____

- **ABMS Certification Status:**
  ☐ Board Certified ☐ Non Board Certified ☐ Board Eligible _____ (Date of Scheduled Exam) ☐ Specialized Pediatric Training (Fellowship/Residency)
- **Medicare Enrollment number:** _____ **Medi-Cal Enrollment: (Y / N)**, attach confirmation letter**.**
- **Provider Transaction Access number (PTAN):** _____
- **National Provider Identification Number (NPI):** Individual: _____ Group: _____
- **My Current Curriculum Vitae (C.V.) will be:**
  ☐ Attached ☐ Faxed ☐ E-mailed to: **DLContractsCA@mhealth.com**
- **As a provider with Monarch HealthCare, I would provide service to HMO AND (Select any of the following):**
  ☐ CalOptima Medi-Cal ☐ PPO Patients ☐ All of the above
- **Have you ever been a Monarch HealthCare Provider in the past?** ☐ Yes ☐ No
- **My primary specialty is:** _____ **My secondary specialty is:** _____
- **The language(s) I speak:** _____
- **The language(s) my office staff speak:** _____
- **My Outpatient Surgery Center affiliation(s) is/are:** _____
- **I have ownership in the following Outpatient Surgery Center(s):** _____
- **I have Hospital Privileges at:**

☐ Anaheim Global Medical Center	☐ Hoag Orthopedic Institute (HOI)	☐ Orange Coast Memorial Med Center
☐ Anaheim Regional Medical Center	☐ Huntington Beach Hospital	☐ Orange County Global Medical Center
☐ Chapman Global Medical Center	☐ La Palma Intercommunity Hospital	☐ Placentia-Linda Hospital
☐ Children's Hospital at Mission	☐ Lakewood Regional Medical Center	☐ Saddleback Memorial - Laguna Hills
☐ Children's Hospital at Orange	☐ Long Beach Memorial Medical Center	☐ South Coast Global Medical Center
☐ Fountain Valley Regional Hospital	☐ Los Alamitos Medical Center	☐ St. Mary Medical Center
☐ Garden Grove Hospital	☐ Miller Children's Hospital Long Beach	☐ West Anaheim Medical Center
☐ Hoag Hospital - Newport	☐ Mission Hospital Regional Med Center	
☐ Hoag Hospital - Irvine	☐ Mission Hospital - Laguna Beach	

Applicant Signature: _____

For Internal Use Only:

Screening Date: _____ *LOI Received Date:* _____

Screening Approval: _____

Screening Denial: _____ *LOI Prepared By:* _____