



Dear Provider,

In order for Gold Coast Health Plan (GCHP) to reimburse you for the Increased Medicaid Payments for Primary Care Physicians program, please provide the following information:

- Completed and signed W9 form. ***This information must be the individual provider's Tax Identification Number (TIN) or Social Security Number (SSN).***

- Provider Name: _____

- Provider NPI: _____

- Provider SSN/TIN: _____

- Attestation Status (please check one):

_____ I have successfully completed the attestation process with the state.

_____ I have submitted my attestation form to the state and I am awaiting confirmation of my status.

_____ I have not yet submitted my attestation form to the state.

Note that completion and return of the W9 and this form does not guarantee participation in the Increased Medicaid Payments for Primary Care Physicians program. All providers must also successfully complete the attestation process with the state.

[Click here](#) to access more information on the Medi-Cal website.

Please fax this form with the completed W9 to (888) 310-3660.

Thank you for your participation with GCHP. If you have questions regarding this form, please contact the GCHP Provider Relations Department by emailing us at providerrelations@goldchp.org.