PLEASE RETURN THIS CHECK-LIST
WITH YOUR SUPPORTING DOCUMENTS

ADDITIONAL LOCATION CHECK-LIST

I have enclosed the following:

		YES	NO	If not enclosed, expected date
1)	Addendum A	☐	☐	_____
2)	Attachment C	☐	☐	_____
3)	Attachment D	☐	☐	_____
4)	Attachment E	☐	☐	_____
5)	Professional Liability	☐	☐	_____
6)	General liability (office premise)	☐	☐	_____
7)	Letter of Employment (including effective date)	☐	☐	_____
8)	DHCS Medi-Cal FFS Enrollment Confirmation	☐	☐	_____
9)	Provider Information Letter **(PA/NP only)**	☐	☐	_____

Comments:

_____
_____
_____
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