

INTERMITTENT CLINIC

CHDP PROVIDER APPLICATION CHECKLIST

Below is a checklist of items needed for your new application along with necessary forms. Please return completed checklist with forms and supporting documents. Feel free to call our office at 951.358.5481 if you have any questions.

Applicant: _____

Intermittent Clinic Name: _____

Parent Facility Name: _____

Address: _____

Contact: _____ Email: _____

Phone: _____ Fax: _____

- Original, signed** CHDP Health Assessment Provider Application (DHCS 4490), [signed in Blue Ink](#)
- Original, signed** CHDP Health Assessment Provider Program Agreement (DHCS 4491), [signed in Blue Ink](#)
- Copy of Fictitious Business Name Statement/Permit – if applicable
- Verification from IRS – showing Tax ID number & Facility Name *or* Social Security Number
- Vaccines for Children ID #:
- Verification of Medi-Cal Provider Number – **showing Intermittent Clinic address NPI #:**
- State of CA Department of Public Health license showing site approved as an Intermittent Clinic
- Copy of CLIA Waiver or Certificate specified for the Intermittent Clinic
- Description of 24-hour coverage arrangements (#18 on DHS4490)
- Description of referral procedures for diagnosis and treatment, if applicable (#19 on DHS4490)
- Description of how the Intermittent Clinic assures follow-up is provided to CHDP clients (*attach description*)
- Schedule of hours for the Intermittent Clinic

Submit application checklist and required documents to the following email address:

CHDPRiverside@ruhealth.org

Or you may mail to:

County of Riverside Department of Public Health
CHDP
P.O. Box 7600
Riverside, CA 92513-7600

Kim Saruwatari, M.P.H., Director Cameron Kaiser, M.D., Public Health Officer
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