

# Electronic Claims Agreement – Submission Deadline Extended

July 29, 2022

Pursuant to the alert published December 13, 2021 ("[Medi-Cal Rx Electronic Claims Agreement](#)"), and the latest reminder alert ("[Two-Week Reminder: Electronic Claims Agreement – Submission Deadline Extended to July 31, 2022](#)") published July 15, 2022, Medi-Cal Rx has extended the deadline for all participating Medi-Cal Rx pharmacy providers and billers to submit a [Medi-Cal Rx Telecommunications Provider and Biller Application/Agreement Form](#) (DHCS 6500) to continue submitting electronic claims without interruption.

**Stakeholders will be notified at least 60 days prior to the new extended deadline submission date.**



- Pharmacy providers and billers will be able to continue to submit electronic Point-of-Sale (POS) or web claims submitted through the Medi-Cal Rx Provider Portal until the new deadline is effective.
- If the pharmacy provider who fills out this form is not the biller, then the biller must also complete the appropriate sections of the form.

## Instructions for Pharmacy Providers and Billers

1. Download and print the [Medi-Cal Rx Telecommunications Provider and Biller Application/Agreement Form](#) (DHCS 6500).
2. For pharmacy chain administrators completing the [Medi-Cal Rx Telecommunications Provider and Biller Application/Agreement Form](#) (for Electronic Claims Submission [DHCS 6500]) on behalf of several National Provider Identifiers (NPIs) where the Contact Information and Biller Information are the same, the [Medi-Cal Rx Telecommunications](#)

[Provider and Biller Application/Agreement Form – Supplemental Form \(For Electronic Claims Submission\)](#) (DHCS 6500-A) can be used. The DHCS 6500-A is supplemental to the DHCS 6500 and does not replace the DHCS 6500.

- a. If you have already submitted a DHCS 6500 for each individual NPI within your pharmacy chain, it is not required for you to submit a DHCS 6500-A.
3. Complete the form in **blue ink** and verify that all information is correct.
4. Return the form with an original signature to the following address:

**Medi-Cal Rx Customer Service Center**

ATTN: Billing Agreement Processing

P.O. Box 610

Rancho Cordova, CA 95741-0610

**Note: Your completed application must be received by the extended deadline.**

## Contact Information

You can call the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273, which is available 24 hours a day, 7 days a week, 365 days per year.