Provider Type	Community Based Adult Services (CBAS) and Dialysis Center	Durable Medical Equipment (DME) and Medical Supplies	Hospice Care, Home Health, and Home Infusion	Imaging Services	Clinical Laboratory	Non-Emergency Medical Transportation	Skill Nursing Facility
Required Documents	<ol> <li>State of California         License (current         within 12 months);</li> <li>Business License         (current within 12         months);</li> <li>Face Sheet of General         Liability Policy or         certification (current         within 12 months, 3M         and 1M coverage);</li> <li>W9;</li> <li>Site Visit Report         conducted by CMS or         California Department         of Public Health -         (current within 36         months).</li> </ol>	<ol> <li>State of California         License (current         within 12 months);</li> <li>Business License         (current within 12         months);</li> <li>Medicare Provider         Certification Letter;</li> <li>Face Sheet of General         Liability Policy or         certification (current         within 12 months, 3M         and 1M coverage);</li> <li>W9.</li> </ol>	<ol> <li>State of California         License (current         within 12 months);</li> <li>Business License         (current within 12         months);</li> <li>Federal Drug         Administration (FDA)         Certification</li> <li>Medicare Provider         Certification Letter (if         Home Health)</li> <li>Face Sheet of General         Liability Policy or         certification (current         within 12 months, 3M         and 1M coverage);</li> <li>W9;</li> <li>Site Visit Report         conducted by CMS or         California Department         of Public Health -         (current within 36         months).</li> </ol>	<ol> <li>State of California         License (current         within 12 months);</li> <li>Business License         (current within 12         months);</li> <li>Accreditation         Approval Letter;</li> <li>Federal Drug         Administration (FDA)         Certification</li> <li>Face Sheet of General         Liability Policy or         certification (current         within 12 months, 3M         and 1M coverage);</li> <li>W9.</li> </ol>	<ol> <li>State of California         License (current         within 12 months);</li> <li>Business License         (current within 12         months);</li> <li>CLIA Accreditation         Approval Letter         (current within 12         months);</li> <li>College of American         Pathologists         Accreditation         (current within 36         months),</li> <li>Face Sheet of General         Liability Policy or         certification (current         within 12 months, 3M         and 1M coverage);</li> <li>W9.</li> </ol>	<ol> <li>Business License (current within 12 months);</li> <li>Face Sheet of General Liability Policy or certification (current within 12 months, 3M and 1M coverage);</li> <li>W9.</li> </ol>	<ol> <li>State of California         License (current         within 12 months);</li> <li>Business License         (current within 12         months);</li> <li>Accreditation         Approval Letter;</li> <li>Face Sheet of General         Liability Policy or         certification (current         within 12 months, 3M         and 1M coverage);</li> <li>W9.</li> </ol>
Additional if Available	<ol> <li>Medicare Provider Certification Letter;</li> <li>Accreditation Approval Letter.</li> </ol>	6. Accreditation Approval Letter.	8. Accreditation Approval Letter.	<ol> <li>Medicare Provider         Certification Letter;</li> <li>Site Visit Report         conducted by CMS or         California Department         of Public Health -         (current within 36         months).</li> </ol>	7. Medicare Provider Certification Letter.		<ul> <li>6. Medicare Provider Certification Letter;</li> <li>7. Site Visit Report conducted by CMS or California Department of Public Health - (current within 36 months).</li> </ul>