

October 17, 2022

COASTAL SLEEP AND DIAGNOSTIC CENTER OF ORANGE LLC
Attn: BRYAN JORDAN
3325 PALO VERDE AVE, 207
LONG BEACH, CA 90808-0016

Reference # 1899834598

Dear COASTAL SLEEP AND DIAGNOSTIC CENTER OF ORANGE LLC,
Noridian approved your initial enrollment application.

Medicare Enrollment Information

Legal Business Name (LBN)	COASTAL SLEEP AND DIAGNOSTIC CENTER OF ORANGE LLC
Provider/Supplier Type	Independent Diagnostic Testing Facility
National Provider Identifier (NPI)	1316405897
Provider Transaction Access Number (PTAN)	CB412319
PTAN Effective Date	July 25, 2022
Participation Status	Participating

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Legal Business Name (LBN)	COASTAL SLEEP AND DIAGNOSTIC CENTER OF ORANGE LLC
Provider/Supplier Type	Independent Diagnostic Testing Facility
National Provider Identifier (NPI)	1316405897
Provider Transaction Access Number (PTAN)	CA535738
PTAN Effective Date	July 25, 2022
Participation Status	Participating

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Your PTAN is the authentication element for all inquiries to customer service representatives (CSRs), written inquiry units, and the interactive voice response (IVR) system.

CA103775



WILL LIGHTBOURNE
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

June 22, 2021

**SLEEP AND WELLNESS CENTERS
19742 MACARTHUR BLVD, SUITE 200
IRVINE, CA 92612-2432**

**APPLICATION IDENTIFIER NUMBER: 213P579R
DATE RECEIVED: March 9, 2021**

Dear Applicant:

The Department of Health Care Services (DHCS) would like to thank you for your interest in participating in the Medi-Cal program. This letter serves as notification that you are now authorized to submit claims for reimbursement of Medicare cost-sharing amounts as a Medicare Crossover only provider. We appreciate your assistance and cooperation during this process and your willingness to provide services to dual-eligible recipients.

Should you have any questions or require further information, you may submit your inquiry easily and securely through the PAVE messaging portal via the Messages Button or via email at PEDCorr@dhcs.ca.gov

Billing and claims issues should be directed to DHCS' current Fiscal Intermediary at (800) 541-5555.

For more information about the Medi-Cal Program, please visit our Web site at www.medi-cal.ca.gov.

Provider Enrollment Division

Provider Enrollment Division
MS 4704
P.O. Box 997412, Sacramento, CA 95899-7412
(800) 541-5555
Internet Address: <http://www.DHCS.ca.gov>