



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**

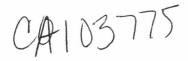
| Legal Business Name (LBN)                 | COASTAL SLEEP AND DIAGNOSTIC            |
|---|---|
|   | CENTER OF ORANGE LLC                    |
| Provider/Supplier Type                    | Independent Diagnostic Testing Facility |
| National Provider Identifier (NPI)        | 1316405897                              |
| 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.







## 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 <a href="mailto:PEDCorr@dhcs.ca.gov">PEDCorr@dhcs.ca.gov</a>

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