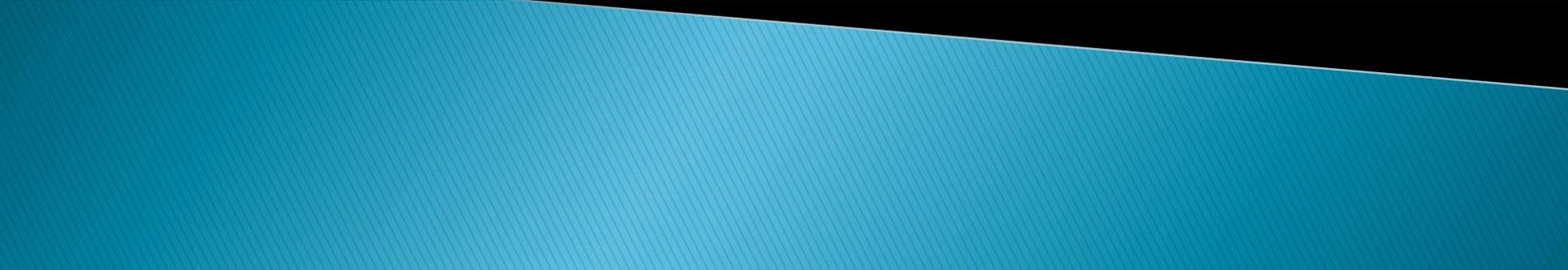




# Community Health Center Network

*Setting the standard for Community Health Care*



# Connect 3.0 Enhanced Features

- ❖ Redesigned look and feel
- ❖ Faster performance
- ❖ Local admin capabilities allow user management
- ❖ Ability to retrieve username and password without contacting

CHCN





# Welcome to CHCN Connect

Community Health Center Network's Connect is a secure gateway for staff of CHCN member health centers and business partners to access CHCN managed care information and various services. You must be a registered and authorized user to gain access.

## Resources

[Provider Library](#)

 [Log in](#)





[Login](#)

 [FORGOT PASSWORD](#) >

 [FORGOT USERNAME](#) >

[DON'T HAVE AN ACCOUNT? REGISTER HERE.](#)

> [REGISTER](#)



APPLICATIONS



RESOURCES



EVENTS & TRAINING

- ANTHONY TAYLOR
- MANAGE USERS
- Logout

## Applications



### AUTHORIZATIONS

Use this app to submit an authorization, check status and/or request specific modification to an existing authorization.



### CLAIMS

Use this app to check status of your claim and download EOB



### ELIGIBILITY

Use this app to look up member information and check status of member eligibility



### DATA & DOWNLOADS

Use this app to access data and download files



### SPECIALIST

Use this app to find specialists by name or speciality

## Resources

Credentialing Forms

Health Exchange Guide and Metal Tier Summary

Provider Relations

Health Center Dashboards

Tableau Training Material

Managed Care Service Links

Provider Manual

UM / Authorizations



APPLICATIONS



RESOURCES



EVENTS & TRAINING

# Manage Users

Only supervisors are able to self-register. You can add users to CHCN Connect or manage their settings.

< 1 / 1 >

[+ ADD USERS](#)

USERNAME	LAST NAME	FIRST NAME	INFORMATION ACCESS	REGISTRATION DATE	
kjohnson	Johnson	Katie	Authorization Search Authorization Submit Remittance Advice	03/08/2016	EDIT   DEAUTHORIZE

# Authorization Search & Authorization Submission



APPLICATIONS



RESOURCES



EVENTS & TRAINING



AUTHORIZATIONS



CLAIMS



ELIGIBILITY



DATA & DOWNLOADS



### ADVANCED SEARCH

APPROVED



LAST 30 DAYS



COMPANY AUTHORIZATIONS



RESET

SEARCH

NOTE: Only authorizations in submitted status can be modified. Only authorizations in draft status can be edited.

NEW COPY EDIT MODIFY

< 1 / 24 >

	AUTHORIZATION	SUBMITTED	SPECIALTY	SERVICE	MEMBER NAME	DOB	STATUS	DECISION	
		03/11/2016	HOS	03/11/2016			APPROVED	03/14/2016	
		03/11/2016	DIC	03/11/2016			APPROVED	03/14/2016	
		03/11/2016	OSC	03/11/2016			APPROVED	03/11/2016	
		03/11/2016	HOS	03/16/2016			APPROVED	03/14/2016	
		03/11/2016	OSC	03/11/2016			APPROVED	03/11/2016	

## BASIC SEARCH

Please enter your search criteria and select view options to improve your search results. You must enter data in at least one field before you can click on the search button. The maximum number of results is 500 records. To narrow your search results, enter data in as many fields as possible.

<input type="text" value="s"/>	<input type="text" value="Health Plan ID"/>	<input type="text" value="Provider Last Name"/>
<input type="text" value="k"/>	<input type="text" value="Member ID"/>	
<input type="text" value="Birthday (MM/DD/YY)"/> 	<input type="text" value="Request/Authorization Number"/>	

NOTE: Only authorizations in submitted status can be modified. Only authorizations in draft status can be edited.

 NEW  COPY  EDIT  MODIFY

< 1 / 1 >

	AUTHORIZATION	SUBMITTED	SPECIALTY	SERVICE	MEMBER NAME	DOB	STATUS	DECISION	
			HOS	04/19/2013	S [REDACTED], K [REDACTED]	[REDACTED]	APPROVED	04/24/2013	
			INT	07/27/2013	S [REDACTED], KI [REDACTED]	[REDACTED]	APPROVED	08/02/2013	
			HOS	01/08/2014	S [REDACTED], K [REDACTED]	[REDACTED]	APPROVED	01/09/2014	
			INT	01/26/2014	SI [REDACTED], K [REDACTED]	[REDACTED]	APPROVED		

## Authorization Details



**AUTH #:** :

**STATUS:** APPROVED

**AUTH DATE:** 03/17/2016

**VENDOR:** :

**DATE REQUESTED:** 03/19/2016

**VENDOR ID:** :

**EXPIRATION DATE:** 03/24/2016

**MEMBER:**

**PROVIDER:**

**MEMBER ID:**

**PROVIDER ID:**

**HEALTH PLAN/PCP\***

**CASE:**

\*

DIAG CODE	DESCRIPTION
-----------	-------------

PH TYPE	PROC CODE	DESCRIPTION	QTY	MODIFIER
---------	-----------	-------------	-----	----------

### Notes

 [APPROVAL LETTER](#)

# Auth Submittal Options

**New:** submit a new request for services.

**Copy:** copy information from a previously submitted request.

**Edit:** edit and complete drafts saved in user's history.

**Modify:** submit a request to modify a pending request.

The copy feature will copy the following information:

❖ Authorize to provider

❖ Place of Service

❖ Service Codes

## Copy Authorization Request

NOTE: Please note that CHCN has up to 5 business days to process routine requests. Kindly schedule your requested service on or after April 4th 2016

### REQUEST TYPE ⓘ

ROUTINE  URGENT  RETRO

### SERVICE START DATE ⓘ

03/28/16

### SERVICE END DATE ⓘ

06/26/16

### REQUESTING PROVIDER INFORMATION

OFFICE CONTACT: Snowvia Rodgers  
PHONE: 510-297-0200  
FAX: 510-297-0200

SELECT CLINIC OR OFFICE

### REQUESTING PROVIDER INFORMATION

OFFICE CONTACT: Snowvia Rodgers  
PHONE: 510-297-0200  
FAX: 510-297-0200

SELECT CLINIC OR OFFICE

### MEMBER ⓘ

Last Name

First Name

Patient ID

Birthday (MM/DD/YY)

SEARCH

### AUTHORIZE TO ⓘ

Contracted: N

Provider ID: 0000000000

Name: SNOWVIA RODGERS, SNOWVIA

Specialty: 0000

You selected a non-contracted provider. Check the reason(s) below for why you selected this provider:

- Member Request  
 Language  
 Location  
 Continuity of Service  
 Only Provider Available

Enter Other

Phone number

Fax number

RESET

### PLACE OF SERVICE ⓘ

Place of Service: AMBULATORY SURG CENTER (24)

RESET

### DIAGNOSIS ⓘ

Enter an ICD Code or Description

DELETE	CODE	DESCRIPTION
X	R19.5	OTHER FECAL ABNORMALITIES
X	R63.4	ABNORMAL WEIGHT LOSS

### SERVICE CODES ⓘ

Enter a CPT, HCPCS, Revenue Code or Description

DELETE	CODE	DESCRIPTION	QUANTITY	MODIFIER
X	45378	DIAGNOSTIC COLONOSCOPY	1	
X	45380	COLONOSCOPY AND BIOPSY	1	
X	45385	COLONOSCOPY W/LESION REMOVAL	1	

### COMMENTS ⓘ

### ATTACH DOCUMENTS ⓘ

The following file extensions are allowed: PDF, DOC, DOCX, WORD, TIFF, JPG, PNG, or GIF.

CHOOSE FILE

Enter Description

UPLOAD

SEND EMAIL CONFIRMATION

SUBMIT

Users can edit drafts selected from their submission history:

- ❖ New authorization requests not completed will automatically save as a draft.
- ❖ Any information that has been entered will be saved.

## Edit Authorization Request

REQUEST ID:

NOTE: Please note that CHCN has up to 5 business days to process routine requests. Kindly schedule your requested service on or after April 4th 2016

### REQUEST TYPE ⓘ

ROUTINE  URGENT  RETRO

### SERVICE START DATE ⓘ

03/28/16

### SERVICE END DATE ⓘ

06/26/16

NOTE: Please note that CHCN has up to 5 business days to process routine requests. Kindly schedule your requested service on or after April 4th 2016

### REQUEST TYPE ⓘ

ROUTINE  URGENT  RETRO

### SERVICE START DATE ⓘ

03/28/16

### SERVICE END DATE ⓘ

06/26/16

### REQUESTING PROVIDER INFORMATION

OFFICE CONTACT: Snowviva Rodgers  
PHONE: 510-297-0200  
FAX: 510-297-0200

SELECT CLINIC OR OFFICE

### MEMBER ⓘ

Last Name

First Name

Patient ID

Birthdate (MM/DD/YY)

SEARCH

### AUTHORIZE TO ⓘ

Contracted: N

Provider ID: \*\*\*\*\*

Name: \*\*\*\*\*

Specialty: EMO

You selected a non-contracted provider. Check the reason(s) below for why you selected this provider:

Member Request

Language

Location

Continuity of Service

Only Provider Available

Enter Other

Phone number

Fax number

RESET

### PLACE OF SERVICE ⓘ

Place of Service: AMBULATORY SURG CENTER (24)

RESET

### DIAGNOSIS ⓘ

Enter an ICD Code or Description

DELETE	CODE	DESCRIPTION
X	R19.5	OTHER FECAL ABNORMALITIES
X	R63.4	ABNORMAL WEIGHT LOSS

### SERVICE CODES ⓘ

Enter a CPT, HCPCS, Revenue Code or Description

DELETE	CODE	DESCRIPTION	QUANTITY	MODIFIER
X	45378	DIAGNOSTIC COLONOSCOPY	1	
X	45380	COLONOSCOPY AND BIOPSY	1	
X	45385	COLONOSCOPY W/LESION REMOVAL	1	

### COMMENTS ⓘ

### ATTACH DOCUMENTS ⓘ

The following file extensions are allowed: PDF, DOC, DOCX, WORD, TIFF, JPG, PNG, or GIF.

CHOOSE FILE

Enter Description

UPLOAD

SEND EMAIL CONFIRMATION

SUBMIT

Users can request modification for the following:

- ❖ Service end date
- ❖ Authorize to provider
- ❖ Diagnosis codes
- ❖ Service code
- ❖ Add clinical documentation

## New Authorization Request

NOTE: Please note that CHCN has up to 5 business days to process routine requests. Kindly schedule your requested service on or after April 4th 2016

### REQUEST TYPE ⓘ

ROUTINE  URGENT  RETRO

### SERVICE START DATE ⓘ

03/28/16

### SERVICE END DATE ⓘ

06/28/16

### REQUESTING PROVIDER INFORMATION

OFFICE CONTACT: Snowvia Rodgers  
PHONE: 510-297-0200  
FAX: 510-297-0200

CLINIC: [REDACTED]  
PROVIDER: [REDACTED]

RESET

### MEMBER ⓘ

Name: [REDACTED]  
Patient ID: #174954283

If this service is for a New Born, please enter New Born Date of Birth. Otherwise, leave blank.

New Born Date (MM/DD/YY)

RESET

### AUTHORIZE TO ⓘ

Contracted: YES  
Provider ID: [REDACTED]  
Name: [REDACTED]  
Specialty: [REDACTED]  
Phone: 5104781000  
Fax number

RESET

### PLACE OF SERVICE ⓘ

Place of Service: OUTPATIENT HOSPITAL (22)

RESET

### DIAGNOSIS ⓘ

Enter an ICD Code or Description

DELETE	CODE	DESCRIPTION
X	M80.00XD	AGE-REL OSTEOPOR W CRNT PATH F
X	M80.00XG	AGE-REL OSTEOPOR W CRNT PATH F

### SERVICE CODES ⓘ

Enter a CPT, HCPCS, Revenue Code or Description

DELETE	CODE	DESCRIPTION	QUANTITY	MODIFIER
X	99236	OBSERV/HOSP SAME DATE	1	

### COMMENTS ⓘ

### ATTACH DOCUMENTS ⓘ

The following file extensions are allowed: PDF, DOC, DOCX, WORD, TIFF, JPG, PNG, or GIF.

CHOOSE FILE

Enter Description

Test 123.docx

UPLOAD

SEND EMAIL CONFIRMATION

SUBMIT



APPLICATIONS



RESOURCES



EVENTS & TRAINING



AUTHORIZATIONS



CLAIMS



ELIGIBILITY



DATA & DOWNLOADS



# New Authorization Request

NOTE: Please note that CHCN has up to 5 business days to process routine requests. Kindly schedule your requested service on or after March 28th 2016

REQUEST TYPE **i**

ROUTINE  URGENT  RETRO

SERVICE START DATE **i**

03/21/16



SERVICE END DATE **i**

06/19/16



# Select the location of the provider that is requesting services.

## REQUESTING PROVIDER INFORMATION

OFFICE CONTACT: Anthony Taylor

PHONE: 510-297-0241

FAX: 510-297-0222

## MEMBER



SEARCH

SELECT CLINIC OR OFFICE



-SELECT A CLINIC OR OFFICE-

ALAMEDA HEALTH SYSTEM - ALAMEDA HEALTH SYSTEM ALAMEDA HOS

ALAMEDA HEALTH SYSTEM - ALAMEDA HEALTH SYSTEM ANCILLARY

ALAMEDA HEALTH SYSTEM - ALAMEDA HEALTH SYSTEM FAIRMONT HOS

ALAMEDA HEALTH SYSTEM - ALAMEDA HEALTH SYSTEM HIGHLAND HOS

ALAMEDA HEALTH SYSTEM - ALAMEDA HEALTH SYSTEM JOHN GEORGE

ALAMEDA HEALTH SYSTEM - ALAMEDA HEALTH SYSTEM RADIOLOGY

ALAMEDA HEALTH SYSTEM - ALAMEDA HEALTH SYSTEM SAN LEANDRO HOS

ALAMEDA HEALTH SYSTEM - ALAMEDA HOSPITAL ANCILLARY DEPT

ALAMEDA HEALTH SYSTEM - HIGHLAND GENERAL HOSPITAL RADIOLOGY

CLINIC: ALAMEDA HEALTH SYSTEM - ALAMEDA HEALTH SYSTEM ALAMEDA HOS

Hoff

RESET

SEARCH



SEARCH RESULTS



ID	NAME
HOFFMANDAV	HOFFMAN,DAVID
HOFFMANROB	HOFFMAN,ROBERT P

< 1 / 1 >

SELECT

SEARCH BY: LAST NAME SPECIALTY

# MEMBER

Last Name

First Name

Patient ID

Birthday (MM/DD/YY)



SEARCH



## SEARCH RESULTS ✕

PATIENT ID

FULL NAME

DOB

PCP

TVHC TIBURCIO VASQUEZ HEALTH CENTER - UNION CITY

TCHC TRI CITY HEALTH CENTER - LIBERTY

TCHC TRI CITY HEALTH CENTER - LIBERTY

TCHC TRI CITY HEALTH CENTER - MOWRY

TVHC TIBURCIO VASQUEZ HEALTH CENTER - HAYWARD

< 1 / 20 >

SELECT

If the request is for a newborn, search and select the mother information. The newborn DOB field will open once the mother's information is attached.

MEMBER 

Name:

Patient ID:

If this service is for a New Born, please enter New Born Date of Birth. Otherwise, leave blank.

New Born Date (MM/DD/YY)



RESET

# AUTHORIZE TO

SEARCH BY:  LAST NAME  SPECIALTY

RESET

SEARCH

# AUTHORIZE TO

SEARCH BY:  LAST NAME  SPECIALTY

RESET

SEARCH

# AUTHORIZE TO

SEARCH BY:  LAST NAME  SPECIALTY

Roberts 

RESET

SEARCH



## SEARCH RESULTS

NAME	SPECIALTY	MEDICAL GROUP	CITY	CONTRACTED
CHRISTA ROBERTSON	NURSE PRACTITIONER	ALAMEDA HEALTH SYSTEM		No
JASON ROBERTS	OUT OF AREA PROVIDER	COMMUNITY MEDICAL IMAGING		No
JESSICA ROBERTS	FAMILY PRACTICE	JOHN MUIR PHYSICIAN NETWORK	ANITOCH	No
JOHN P ROBERTS	GENERAL SURGERY	UCSF DEPARTMENT OF SURGERY		YES
JOHN P ROBERTS	GENERAL SURGERY	UCSF MEDICAL GROUP		YES
JOHN W ROBERTS	FAMILY PRACTICE	BLACKHAWK MEDICAL GROUP	DANVILLE	No
KARI ROBERTSON	PHYSICIAN ASSISTANT	WASHINGTON TOWNSHIP MEDICAL FOUNDATION		No
LAURA A ROBERTSON	PEDIATRIC CARDIOLOGY	UCSF MEDICAL CENTER		YES
MARILYN M ROBERTSON	NEUROLOGY	MARILYN M ROBERTSON MD INC	SAN FRANCISCO	No
MARK I ROBERTS	OUT OF AREA PROVIDER	GILBERT EMERGENCY MEDICAL SPECIALISTS LLC		No

< 1 / 2 >

SELECT

If the provider's information is not found, enter the information manually.

### Unlisted Provider ×

There are no providers that match your criteria. Please add the unlisted provider below or search again.

Unlisted Provider Name \*

Address \*

City \*

State \*

NPI

Add Unlisted Provider

RESET

Select the Place of Service from the dropdown. If more than one POS code falls into that category select the POS from the second dropdown.

PLACE OF SERVICE ⓘ

- Please Select-
- INPATIENT HOSPITAL
- SKILLED NURSING FACILITY
- COMPREHENSIVE INPAT REHAB

DIAGNOSIS ⓘ

# DIAGNOSIS

m72.



## SEARCH RESULTS

CODE	DESCRIPTION	SELECT
M72.0	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	<input type="checkbox"/>
M72.1	NUCKLE PADS	<input type="checkbox"/>
M72.2	PLANTAR FASCIAL FIBROMATOSIS	<input checked="" type="checkbox"/>
M72.4	PSEUDOSARCOMATOUS FIBROMATOSIS	<input type="checkbox"/>
M72.6	NECROTIZING FASCIITIS	<input type="checkbox"/>
M72.8	OTHER FIBROBLASTIC DISORDERS	<input type="checkbox"/>

< 1 / 2 >

SELECT

# SERVICE CODES

9924



## SEARCH RESULTS x

CODE	DESCRIPTION	QUANTITY	MODIFIER	SELECT
99245	OFFICE CONSULTATION	<input type="text" value="1"/>	<input type="text"/>	<input checked="" type="checkbox"/>
99241	OFFICE CONSULTATION	<input type="text" value="1"/>	<input type="text"/>	<input type="checkbox"/>
99243	OFFICE CONSULTATION	<input type="text" value="1"/>	<input type="text"/>	<input type="checkbox"/>
99242	OFFICE CONSULTATION	<input type="text" value="1"/>	<input type="text"/>	<input type="checkbox"/>
99244	OFFICE CONSULTATION	<input type="text" value="1"/>	<input type="text"/>	<input type="checkbox"/>

< 1 / 1 >

SELECT

# Upload relevant clinical documentation.

## COMMENTS

## ATTACH DOCUMENTS

The following file extensions are allowed: PDF, DOC, DOCX, WORD, TIFF, JPG, PNG, or GIF.

CHOOSE FILE

Enter Description

UPLOAD

SEND EMAIL CONFIRMATION

SUBMIT

# The following are examples of documents needed for clinical review of prior authorization request:

- ❖ Most recent H&P
- ❖ Lab or test results related to the diagnosis and service requested
- ❖ Progress Notes
- ❖ Imaging (Radiology) Study results
- ❖ Physician orders (when PA requests are received from ancillary providers)
- ❖ PCP to Specialist or Specialist Referral Notes
- ❖ Specialist Consult evaluation notes

## SUBMIT AUTHORIZATION FORM



Are you sure you want to submit the authorization form? (Your authorization is also auto-saved as draft)

CANCEL

OKAY



DOCUMENTS 



APPLICATIONS



RESOURCES



EVENTS &amp; TRAINING



AUTHORIZATIONS



CLAIMS



ELIGIBILITY



DATA &amp; DOWNLOADS



## Submission Confirmation

Thank you for submitting your authorization request. We will confirm member eligibility, benefits, and contract status of the requested provider. Please note that it may take us up to 5 business days to process routine requests. Your authorization request number is [REDACTED]. To check the status of your request, log into the CHCN Connect Portal at <https://portal.chcnetwork.org> and select the Authorizations App from the Applications menu.

[Go To Dashboard](#)

# Claims Search



## Claim Details



CLAIM #:

MEMBER ID:

HEALTH PLAN/PCP\*:

PATIENT ACCT #:

DATE RECEIVED: 03/24/2016

MEMBER NAME:

STATUS: RELEASE TO A/P

CROSS REF ID:

VENDOR ID:

PROVIDER ID:

DIAG CODE:

AUTH #:

TOTAL NET PAID:

VENDOR:

PROVIDER:

DIAG DESC:

FACILITY:

CASE:

\*AT TIME OF SERVICE

DOS FROM	DOS TO	PROC CODE	MOD 1	MOD 2	MOD 3	MOD 4	BILLED AMT	COPAY	NET PAID	CHECK NUMBER	DATE PAID	ADJ CODE	ADJ DESCR	REMITT CODE
03/19/2016	03/19/2016	99284						0.00						



03/24/2016

03/10/2016

03/10/2016

RELEASE TO A/P

# Eligibility Search



APPLICATIONS



RESOURCES



EVENTS & TRAINING



AUTHORIZATIONS



CLAIMS



ELIGIBILITY



DATA & DOWNLOADS



# Eligibility Search

Please enter your search criteria. You must enter data in at least one field before you click on search button.

RESET

SEARCH

Displaying the first 100 records found. Your criteria returned more than 100 records; please refine your search parameters for better results.

# Eligibility Search

Please enter your search criteria. You must enter data in at least one field before you click on search button.

RESET

SEARCH

Displaying the first 100 records found. Your criteria returned more than 100 records; please refine your search parameters for better results.

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Member ID	Health Plan ID	Last Name	First Name	Sex	Birthday	PCP	Health Plan	From	To
0000000001	0000000001	S	SMITH	F	10/01/2006	TCHC	AAML	10/01/2006	01/31/2007
0000000002	0000000001	S	SMITH	F	12/01/2013	LCDLR	AAML	12/01/2013	09/30/2014
0000000003	0000000001	S	SMITH	F	10/01/2008	TCHC	AAML	10/01/2008	05/31/2009
0000000004	0000000001	S	SMITH	F	09/01/2014	NAHC	AAML	09/01/2014	
0000000005	0000000001	S	SMITH	F	09/01/2014	NAHC	AAML	09/01/2014	
0000000006	0000000001	S	SMITH	F	09/01/2014	NAHC	AAML	09/01/2014	

## Member Details



Member ID:

Name:

Address:

City:

Zip:

Birthday:

Phone:

Sex: M

Language:

Status: VERIFIED

Clinic:

Health Plan:

Health Plan ID:

From: 01/01/2014

To:

Other ID:

MCAL ID:

CIN #:

Aid Code: M1

Notes:

## History

From	To	PCP	Health Plan
Jan 1, 2014		LCDLR	AAMX

## Potential Other Coverage

Type	Outside ID	From	To
------	------------	------	----

12120300200	000101848	SMITH	ADRIAN	M	06/10/1955	LMC	AAMX	12/01/2015	12/31/2015
12120300200	000101848	SMITH	ADRIAN	M	06/10/1955	LMC	AAMX	12/01/2015	12/31/2015

# Data & Downloads





AUTHORIZATIONS



CLAIMS



ELIGIBILITY



DATA & DOWNLOADS



# Data Downloads



Remittance Advice (RA)

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APPLICATIONS



RESOURCES



EVENTS & TRAINING



AUTHORIZATIONS



CLAIMS



ELIGIBILITY



DATA & DOWNLOADS



Select the provider for which you want to retrieve the EOB and click on the **GO** button. Click on the **RESET** button to start over or select a different provider.

Select a Provider:

GO

RESET



AUTHORIZATIONS



CLAIMS



ELIGIBILITY



DATA & DOWNLOADS



Select the provider for which you want to retrieve the EOB and click on the **GO** button. Click on the **RESET** button to start over or select a different provider.

Select a Provider:

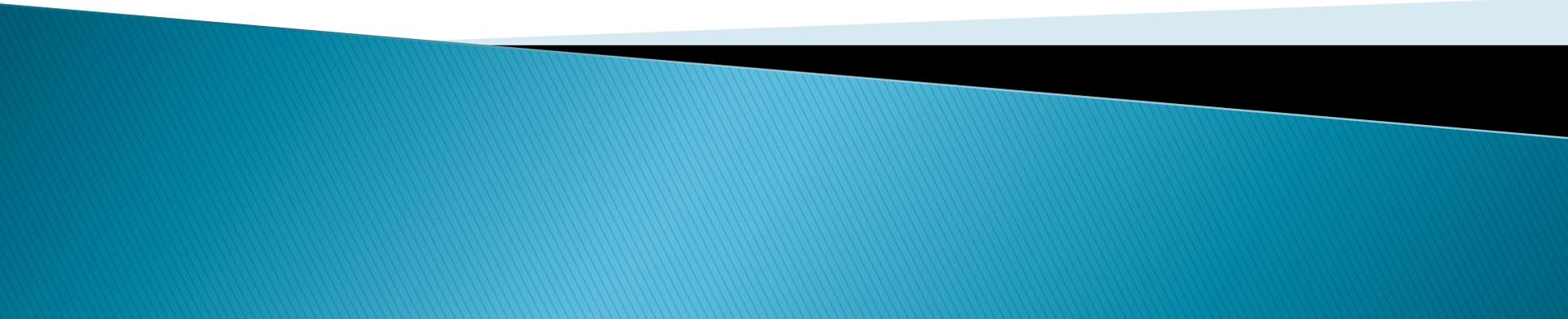
Memo for Specialty Providers: [MISDIRECTED CLAIMS SUBMISSION TO THE ALLIANCE](#)

Select the date paid and check number for the EOB you want to download and click on the **GO** button.

Select Date - Check Number / EFT Trace #:



# Searching for a Specialist





APPLICATIONS



RESOURCES



EVENTS & TRAINING



AUTHORIZATIONS



CLAIMS



ELIGIBILITY



DATA & DOWNLOADS



# Find A Specialist

Search for a specialist by Last Name and City or by Specialty and Medical Group. Enter your search criteria below then click on the Go button.

Search By Last Name

Search By Specialty

kale|

City (Optional)

RESET

SEARCH



APPLICATIONS



RESOURCES



EVENTS & TRAINING



AUTHORIZATIONS



CLAIMS



ELIGIBILITY



DATA & DOWNLOADS



# Find A Specialist

Search for a specialist by Last Name and City or by Specialty and Medical Group. Enter your search criteria below then click on the Go button.

Search By Last Name

Search By Specialty

General Surgery

Select a Group - Optional

RESET

SEARCH

# Find A Specialist

Search for a specialist by Last Name and City or by Specialty and Medical Group. Enter your search criteria below then click on the Go button.

Search By Last Name

Search By Specialty

kale

City (Optional)

RESET

SEARCH

< 1 / 1 >

 Last Name	First Name	Speciality	Medical Group	City
KALE	ASHAY		MISSION PEAK ORTHOPAEDIC MED GRP, INC.	FREMONT
KALE	ASHAY		MISSION PEAK ORTHOPAEDIC MED GRP, INC.	PLEASANTON
KALE	ASHAY		MISSION PEAK ORTHOPAEDIC MED GRP, INC.	HAYWARD
KALEVAR	ANANDA		ALAMEDA HEALTH SYSTEM	OAKLAND

## Specialist Details



**Specialty #:** ORTHOPEDIC

**Name:** ASHAY A KALE

**Medical Group:** MISSION PEAK ORTHOPAEDIC MED GRP, INC.

**Street:** 39350 CIVIC CENTER DR., #300

**City:** FREMONT

**Zip:** 945382331

**Phone:** 510-797-3933

**Fax:** 510-797-5184

**Notes:**

**Language(s):** FARSI, HINDI, SPANISH, TAGALOG, VIETNAMESE

**Hospital Affiliation(s):** ST ROSE HOSPITAL, WASHINGTON HOSPITAL

Find

Search for

Search

kale

City (Optional)

RESET

SEARCH

# Questions????

 <https://portal.chcnetwork.org/Login>

For questions or more information about the portal please contact us at [portalsupport@chcnetwork.org](mailto:portalsupport@chcnetwork.org) or 510-297-0480.