VENTURA COUNTY HEALTH CARE PLAN
A Department of Ventura County Health Care Agency

Provider Directory Error Report Form

Member/Perspective Member Information

Date: _____

I would like to report an inaccuracy within the Provider Directory.

Name: _____
(First) (Middle) (Last)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Provider Information

Type of Inaccuracy:

☐ Address ☐ Office is closed to New Members ☐ Telephone

☐ Provider is no longer there ☐ No longer accepting VCHCP ☐ Email Address

☐ Other: _____

Provider Information:

Name of Group/Individual Provider: _____

Practice Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

This form may be submitted to VCHCP Provider Services/Provider Relations at:

Online: https://vchcp.kinsta.cloud/report-error-form-online/

Email: VCHCP.Providerservices@venturacounty.gov

Mail: Ventura County Health Care Plan
Attn: Provider Services/Relations
2220 E. Gonzales Rd. #210-B, Oxnard, CA. 93036

Phone: (805) 981-5050 or (800) 600-8247

Fax: (805) 981-5051