

Los Angeles County Department of Mental Health Manual Eligibility Update Request Form - To Be Used For Uninsured Clients Only

All Rows must contain information.

Please name document: (today's date) LACDMH Manual Eligibility Update Request (member number) IE: 20160701 LACDMH Manual Eligibility Update Request 1234678901

Contact Information:

Program/Clinic Name

Contact Name

Contact Telephone

Contact E-mail

Eligibility Information:

DMH IBHIS/Clt. ID#

First Name

Last Name

DOB

Gender

Address Line 1

Address Line 2

City

State

Zip Code

Cardholder ID

Member Number

Group number

Effective Date*

Term Date**

Manual Lock: Do you wish to block all file updates for this change?

Action (Examples: "Change member First Name" or "Add New Member")

Send to :

Pharmacyeligibility@dmh.lacounty.gov

Email Subject Line Must Be: "Program/Clinic Name Client Last Name"

Example: "HollywoodFSP Garcia"

Please allow one hour from time sent for completion of request. DMH Pharmacy Services staff will email the sender a Magellan member ID # for the client to provide the pharmacy. Manual

Eligibility Requests received on business days after 4:00 p.m. and weekends will be processed on the next business day.

*Effective Date should be the same date client's episode is opened.

**Applicable only to Clients who are discharged from the Correctional Health and Juvenile Justice Mental Health Programs; medication prescription coverage will be authorized for two (2) weeks from Effective Date.