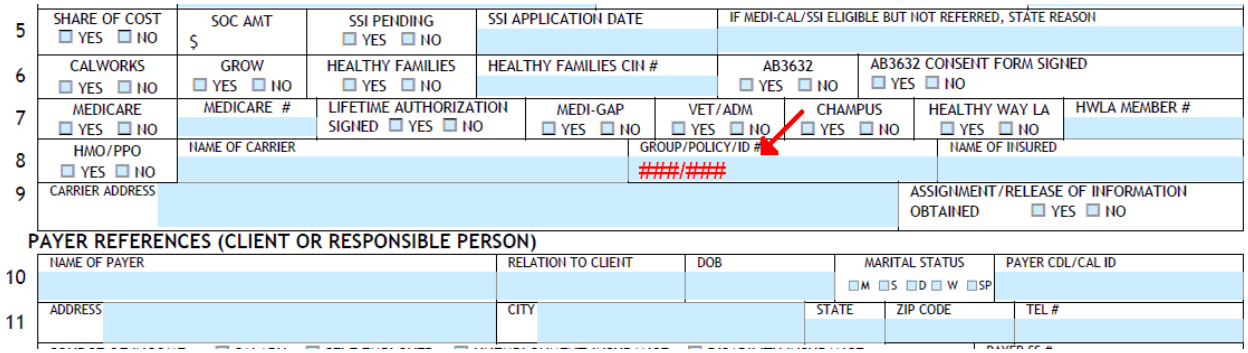
RMD Bulletin

Knowledge is power…

Reminder:
Verify DMH Clients' Group # and Member ID # for Other Health Insurance (OHC)

In addition to verifying and inputting the clients' health carrier Group Number (Group #), also input the client's Member Identification Number (Member ID #) in line 8 of the Payer Financial Information (PFI) form. Example: Group#/Member ID #.


5 SHARE OF COST ☐ YES ☐ NO | SOC AMT $ | SSI PENDING ☐ YES ☐ NO | SSI APPLICATION DATE | IF MEDI-CAL/SSI ELIGIBLE BUT NOT REFERRED, STATE REASON
6 CALWORKS ☐ YES ☐ NO | GROW ☐ YES ☐ NO | HEALTHY FAMILIES ☐ YES ☐ NO | HEALTHY FAMILIES CIN # | AB3632 ☐ YES ☐ NO | AB3632 CONSENT FORM SIGNED ☐ YES ☐ NO
7 MEDICARE ☐ YES ☐ NO | MEDICARE # | LIFETIME AUTHORIZATION SIGNED ☐ YES ☐ NO | MEDI-GAP ☐ YES ☐ NO | VET/ADM ☐ YES ☐ NO | CHAMPUS ☐ YES ☐ NO | HEALTHY WAY LA ☐ YES ☐ NO | HWLA MEMBER #
8 HMO/PPO ☐ YES ☐ NO | NAME OF CARRIER | GROUP/POLICY/ID # ###/#### | NAME OF INSURED
9 CARRIER ADDRESS | ASSIGNMENT/RELEASE OF INFORMATION OBTAINED ☐ YES ☐ NO
PAYER REFERENCES (CLIENT OR RESPONSIBLE PERSON)
10 NAME OF PAYER | RELATION TO CLIENT | DOB | MARITAL STATUS ☐M ☐S ☐D ☐W ☐SP | PAYER CDL/CAL ID
11 ADDRESS | CITY | STATE | ZIP CODE | TEL #

Group # and Member ID #s are used to determine eligibility and bill insurances appropriately. Timely reimbursement from insurance companies relies on both the Group # and the Member ID #.

We're here to help you…

If you have any questions or require further information, please do not hesitate to contact RMD at (213) 480-3444 or RevenueManagement@dmh.lacounty.gov.