**Reevaluation Follow-up Letter**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DMH Client ID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Los Angeles County Department of Mental Health and its contracted providers are required by the State of California to charge clients or the financially responsible party for services based on their ability to pay.

All clients are required to complete an annual reevaluation so we can accurately confirm and collect the payer’s information. Our records indicate that you are due for an annual reevaluation. Please contact the financial operations staff at the program where you receive services to set up an appointment for financial reevaluation as soon as possible. If you do not complete your annual reevaluation, you could become responsible for the actual cost of care.

If you have healthcare coverage from Medi-Cal, Medicare, or private insurance, please bring proof of coverage to the appointment. Please also bring documents to provide support of the information discussed in the financial screening appointment such as support for income, assets, and allowable expenses.

Sincerely,

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*Financial Operations Staff*

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*Financial Operations Staff’s Telephone Number*