## CALLED BILL

## **DEPARTMENT OF MENTAL HEALTH**

## hope. recovery. wellbeing.

LISA H. WONG, Psy.D.
Director

Curley L. Bonds, M.D.
Chief Medical Officer

Rimmi Hundal, M.A. Chief Deputy Director

Chief Medical Officer	Chief Deputy Director
Date:	
Client Name:	
Client DOB:	
Client IBHIS I.D#:	
Medi-Cal CIN#:	
Contractor Name:	
Return Email address:	
By submitting this form, the Contractor attes Medi-Cal Eligibility issue related to CalPM de mentioned client.	· · · · · · · · · · · · · · · · · · ·
I attest that this clients Medi-Cal Eligibility red	cord cannot be updated at this time.
Please note: You must fill out ONE (1) att Provider Relations Unit by secure email o	·
Please submit to the Provider Relations Unit FFS2@dmh.lacounty.gov, or you may send a	•
Contractor's Signature	