



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

Date:

Client Name:

Client DOB:

Client IBHIS I.D#:

Medi-Cal CIN#:

Contractor Name:

Return Email address:

By submitting this form, the Contractor attests that they have attempted to resolve the Medi-Cal Eligibility issue related to CalPM denials due to CO96-N30/ MA43 for the above mentioned client.

I attest that this clients Medi-Cal Eligibility record cannot be updated at this time.

Please note: You must fill out ONE (1) attestation form per Client and send to the Provider Relations Unit by secure email or fax.

Please submit to the Provider Relations Unit by secure email to:
FFS2@dmh.lacounty.gov, or you may send a fax to (213) 947- 4992

Contractor's Signature
