SAMPLE BENEFICIARY NOTIFICATION LETTER

Date

Client Name
Address
City, State

Dear Client/Parent/Caregiver:

The purpose of this letter is to inform you that I am no longer a Medi-Cal provider in the County of Los Angeles Department of Mental Health Provider Network.

If you would like assistance locating another mental health provider or other mental health services in the provider network, you may call the Department of Mental Health ACCESS Center at 1-800-854-7771. The ACCESS Center is available for calls 24 hours a day, 7 days a week.

If you need additional assistance, you may also contact the Beneficiary Services Program at (213) 738-4949.

Sincerely,

Provider Name