HCA
Health Consumer Alliance

# Sample Letter to a Medi-Cal Provider

(Your name) _____

(Your address) _____

(Your City, State, and Zip Code) _____

(Your phone number)_____

(Today's date)_____

TO: (Name and address of the provider or collection agency from your bill)

_____

_____

_____

RE: (Name and address of the person who got the services)

_____

_____

_____

(The account number from the bill)_____

(Date the patient got the services) _____

Dear Sir or Madam:

This letter is to inform you that I (or my child) had Medi-Cal coverage on the day these service were received. The Medi-Cal identification number is (The Medi-Cal ID Number from the card of the person who got the services) _____, issued on (The date of the card) _____. The date of birth is (Date of birth of the person who got the services) _____. A copy of the Medi-Cal card is enclosed.

Although I (or my child) have Medi-Cal and I provided the Medi-Cal card at the appointment, I have been billed for services I got from you. (See copies of bill(s), attached.)

*(continued)*

California Welfare and Institutions Code Section 14019.4 and 22 California Code of Regulations Section 51002 prohibits providers from attempting to get payment from a Medi-Cal beneficiary once the person provides proof of Medi-Cal eligibility. This law also says that providers who continue to seek payment after being shown the patient's Medi-Cal card can be penalized.

This letter serves to formally notify you that I have Medi-Cal.

Therefore, I respectfully request that you stop all attempts to obtain payment from me and instead submit a claim for payment for the services I received to my Medi-Cal managed care plan or to the State Medi-Cal program.

If you have questions about where to submit the claim, go to www.medi-cal.ca.gov/contact.asp or call the Provider Support Center at 1-800-541-5555.

Please send me written confirmation that the above account has been closed. Your prompt attention to this matter is greatly appreciated.

Sincerely,

(Sign your name here) _____

(Print your name here) _____