

TAR UPDATE TRANSMITTAL FORM 18-3

• **FROM:** County Mental Health

• **RETURN TO:** Conduent
P.O. Box 15200
Sacramento, CA 95851-1200

1. On this form fill in the corrected information only. DO NOT fill in items which will not change.
2. If you wish to "Cancel" the TAR: Write in blue or black ink "Cancel" (comments/explanation)
3. Fill in the original TAR Control Number, Date Change Effective, and sign at the bottom of this form.
4. ATTACH a copy of the original TAR to this form showing corrections in red and mail to the address above.

PROVIDER: YOUR REQUEST IS:

APPROVED AS REQUESTED
 APPROVED AS MODIFIED SEE COMMENTS BELOW
 DENIED REASON AND ALTERNATE TREATMENT PLAN RECOMMENDED
 DEFERRED
 JACKSON VS RANK PARAGRAPH CODE
 ID NO:
 DATE:

COMMENTS/EXPLANATION

APPROVED CARE TYPE MENTAL HEALTH STAY

ACUTE ADMIN DAYS ADMISSION DATE

MEDICARE STATUS

DAYS OF THIS HOSPITALIZATION ARE DENIED

DATE OF DAYS DENIED

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	RETROACTIVE AUTHORIZATION GRANTED IN ACCORDANCE WITH SECTION E1D02(H)	FROM DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TO DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	AUTHORIZATION IS VALID FOR SERVICES PROVIDER
<input type="text"/> <input type="text"/> <input type="text"/>	ORIGINAL/ADMIT TAR CONTROL #	BY: COUNTY MENTAL HEALTH CONSULTANT	DATE CHANGE EFFECTIVE			
OFFICE						