

TAR UPDATE TRANSMITTAL FORM 18-3

• **FROM:** County Mental Health

• **RETURN** Conduent
TO: 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.

RETROACTIVE AUTHORIZATION GRANTED IN ACCORDANCE WITH SECTION E1102(H) FROM DATE TO DATE AUTHORIZATION IS VALID FOR SERVICES PROVIDER

ORIGINAL/ADMIT TAR CONTROL # BY: COUNTY MENTAL HEALTH CONSULTANT DATE CHANGE EFFECTIVE OFFICE

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