



## Notification of Eligibility for Letter of Authorization

Date: MM/DD/YYYY

Beneficiary Name: Jane Doe

Beneficiary CIN: XXXXXXXXXX

Authorized Representative (AR): John Doe

### Beneficiary Responsibility

You have been approved for a Letter of Authorization for the following applicable month(s):

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You or your representative must immediately give a copy of this letter to any doctor(s) or other medical provider(s) you saw during these months. This will allow them to bill Medi-Cal for the services you received.

For questions regarding this letter, please call x-xxx-xxx-xxxx.

### Provider Responsibility

Provider must submit this Eligibility Letter of Authorization letter, along with applicable claim(s) for processing within 60 days of the date of this letter to:

California MMIS Fiscal Intermediary  
Over-One-Year Attention: Claims Preparation Unit  
P.O. Box 13029  
Sacramento, CA 95813-4029

Per regulations, it is the provider's responsibility to contact debt collector(s) and have them cease collection.

### California Code, Welfare and Institutions Code - WIC § 14019.4

(d) When a Medi-Cal provider receives proof of a patient's Medi-Cal eligibility and that provider has previously referred an unpaid bill for services rendered to the patient to a debt collector, the Medi-Cal provider shall promptly notify the debt collector of the patient's Medi-Cal coverage, instruct the debt collector to cease collection efforts on the unpaid bill for the covered services, and notify the patient accordingly.