

24-Hour Notification Correction Request

To: _	Fax:	Date:
24-hc	are unable to verify Riverside County Medi-Cal eligibility for our Notification. One or more of the following <i>must</i> be corresponded to the Notification.	
<u>Pleas</u>	se be advised, non-response to this matter will result in	n a delay or denial of your TAR.
Please verify the following (checked fields) and refax the corrected 24-hour Notification to (951) 358-4474 within 24 hours. Please also include a copy of the AEVS Medi-Cal Eligibility that was used at the time of admit for verification purposes.		
	☐ Patient's Name is incorrect or missing	
	☐ Patient's Medi-Cal or CIN # is incorrect or missing	
	☐ Patient's Social Security # is incorrect or missing	
	☐ Patient's Birth Date is incorrect or missing	
	☐ Hospital Name is unknown or missing	
	☐ Patient's Coverage is not identified or noted	
	☐ Patient has other coverage according to Medi-Cal, ret	urn an EOB
	☐ Indigent worksheet was not received (Indigent patient	s only)
Other required corrections:		
	☐ Admitting diagnosis is missing	
	Axis I diagnosis numeric code is missing	
	Admit date and/or time is missing	
	☐ Voluntary or Involuntary status is blank	
Other Actions:		
	☐ Riverside County is not the county of responsibility. F	Please do not resubmit.
Thanl	nk you,	
Quali	IS Behavioral Health lity Improvement Inpatient ne: (951) 358-6031 Fax: (951) 358-4474	

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