

## 24-Hour Notification Correction Request

To: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_

We are unable to verify Riverside County Medi-Cal eligibility for the consumer named on the attached 24-hour Notification. One or more of the following must be corrected before we can process your 24-hour Notification.

**Please be advised, non-response to this matter will result in 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, return an EOB
- Indigent worksheet was not received (Indigent patients 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. Please do not resubmit.
- \_\_\_\_\_

Thank you,  
RUHS Behavioral Health  
Quality Improvement Inpatient Program  
Phone: (951) 358-6031 Fax: (951) 358-4474

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