

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

This message is intended for the sole use of the person(s) to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended addressee, you are hereby notified that you may not use, copy, disclose or distribute this fax information contained in the fax. If you have received this fax in error, please immediately advise the sender by phone or fax and destroy this message.