

October 1, 2005

Joe Smith, M.D.
3078 Prospect Park Drive
Rancho Cordova, CA 95670

Beneficiary Reimbursement Reference Number:

Dear Dr. Smith:

This letter is regarding a beneficiary reimbursement claim filed by a Medi-Cal beneficiary, XXXXX XXXXXX. The beneficiary claims he/she was seen in your office on mm/dd/yy & mm/dd/yy and has provided documentation of his/her payment to you in the amount of \$xxx.xx.

XXXXX XXXXX was eligible for Medi-Cal on the date(s) of service listed above. As a Medi-Cal provider, you are required to reimburse the beneficiary for the payments he/she made to you for the services. You must reimburse the beneficiary immediately. Reimbursement payment to the beneficiary should be mailed to:

XXXXX XXXXX
151 Payme Way
Sacramento, CA 95827

You must make payment to the beneficiary for the full amount of their out of pocket payment made to you. If you have already made full payment to the beneficiary, or if you are in the process of sending this payment, please submit proof of payment. This response should include the amount paid and the date it was paid. A response with your action must be received within 30 days from the date on the top of this letter. All correspondence should be sent to the following address:

Beneficiary Service Center
P.O. BOX 138008
Sacramento, CA 95813-8008

For purposes of Conlan claims, existing timeliness requirements may not apply. Thus, your claim will not be considered untimely if submitted within 60 days from the date of this letter. To request reimbursement from Medi-Cal for the services you provided, you must submit a claim within 60 days from the date of this letter. Submit an original claim and supporting documentation along with a copy of this letter to the following address:

EDS
Over-One-Year Claims Unit
P.O. BOX 138008
Sacramento, CA 95813-8008

For more information on this matter, telephone the Beneficiary Service Center at (916) 403-2007. For billing assistance call the Telephone Service Center at (800) 541-5555.

Sincerely,

Conlan Claims Representative

Authority: Welfare and Institutions Code, Section 14019.3.