

LEGAL ENTITY FILE UPDATE (LEFU)

TYPE OF TRANSACTION: (Check only one) Add Change Inactivate
(Only one transaction per LEFU)

LEGAL ENTITY NUMBER: (to be assigned by DHCS)

FEDERAL TAXPAYER ID -

CORPORATE OR ADMINISTRATIVE NAME AND ADDRESS

LEGAL ENTITY NAME: _____

LEGAL ENTITY ADDRESS: _____

LEGAL ENTITY CITY: _____

LEGAL ENTITY ZIP CODE: -
(Last four digits optional)

OWNERSHIP TYPE: **MANAGEMENT TYPE:**

(Use codes from the Ownership Type and Management Type definitions)

COUNTY SUBMITTING FORM: _____

COUNTY SUBMITTING CODE: _____

LEGAL ENTITY START DATE:
M M D D Y Y Y Y

LEGAL ENTITY END DATE:
M M D D Y Y Y Y

COUNTY LEGAL ENTITY RESIDES IN: _____

COUNTY CONTACT NAME: _____ **PHONE:** _____ **DATE:** _____

**INSTRUCTIONS FOR COMPLETION OF THE
LEGAL ENTITY FILE UPDATE**

TYPE OF TRANSACTION:

- Add: Adding a new Legal Entity to the file
Change: Making a change to an existing Legal Entity (name or address change)
Inactivate: Used to put an end date in the file if a Legal Entity closes or changes ownership (such as a sale or merger)

LEGAL ENTITY NUMBER: The Legal Entity is the owner of the Provider. Legal Entity numbers are assigned by the Department of Health Care Services (DHCS), County Claims Customer Service Section.

FEDERAL TAXPAYER ID: The Taxpayer Identification Number assigned to the Legal Entity by the Federal Government (similar to an SSN)

LEGAL ENTITY NAME AND ADDRESS: The Corporate or Administrative name and address of the Legal Entity

OWNERSHIP TYPE: Code for the type of ownership of the Legal Entity. See the Ownership Type and Management Type definitions for a more detailed explanation of these codes:

OT	Description	OT	Description
01	Individual	07	Religious Organization
02	Partnership or Corporation	08	Other Not-For-Profit
03	State Mental Health Agency	09	Dept. of Veterans Affairs
04	Other State Government	10	Other Federal Government
05	County or City Government	11	Other
06	District/Regional Authority		

MANAGEMENT TYPE: Type of organization or program of the Legal Entity. See the Ownership Type and Management Type definitions for a more detailed explanation of these codes:

MT	Description	MT	Description
01	Psychiatric Hospital	05	Mental Health Partial Care Organization
02	Psychiatric Unit of a General Hospital	06	Multiservice Mental Health Organization
03	Organization Providing Residential Services	07	Other Mental Health Organization
04	Outpatient Mental Health Clinic		

COUNTY SUBMITTING FORM: The name of the county submitting the form

COUNTY SUBMITTING CODE: The county code submitting the Legal Entity File Update form

LEGAL ENTITY START DATE: The initial start date of the county contract with the Legal Entity. A Legal Entity can be added retroactively.

LEGAL ENTITY END DATE: Date the Legal Entity ceased operations or changed ownership status.

COUNTY LEGAL ENTITY RESIDES IN: This is the county where the Legal Entity is physically located.

Email the completed LEFU form to: **PROVIDERFILE@DHCS.CA.GOV** or **FAX to: (916) 440-5210**