

SPECIALTY MENTAL HEALTH SERVICES

SHORT-DOYLE MEDI-CAL COST REPORT SUBMISSION EXTENSION REQUEST

Date:

To: DHCS SHORT-DOYLE MEDI-CAL COST REPORT ANALYST

From: COUNTY SHORT-DOYLE MEDI-CAL COST REPORT ANALYST

Subject: Cost Report Submission Extension Request

County:

Fiscal Year:

The Cost Report will be submitted by date (Maximum Extension is 30 Days):

Please state the reason why the Cost Report will not be submitted in a timely manner:

Please state the steps that will be taken to ensure that future Cost Report submissions will be timely:

Please contact your State Cost Report analyst if you have any questions or require further information.

Signature of County Cost Report Analyst