

<<IPA LOGO>>

INFORMATIONAL LETTER

<<Date>>

<<Member Name>>

<<Address Line 1>> <<Address Line 2>>

<<City>>, <<ST>> <<Zip>>

<<Requesting Provider>>

<<Address Line 1>> <<Address Line 2>>

<<City>>, <<ST>> <<Zip>>

Identification Number: <<Member ID>>; Tracking Number: <<auth tracking number>>

Dear <<Member Name>>,

We received a request for you to get <<Requested service/item>>. At this time, we cannot keep reviewing this request. The reason for this is that you can get the care from <<insert entity responsible to conduct the review>>. You can call them at <<insert entity contact information>>. You can also call us, and we will help you reach out to <<insert entity responsible to conduct the review>>.

For any concerns, please call your doctor or <<IPA>> at <<IPA Phone Number>>, <<Hours of Operation>>. TTY users should call <<TTY Number>>.

California Department of Health Care Services (DHCS) Office of the Ombudsman

For help with Medi-Cal, you may call the California Department of Health Care Services (DHCS) Ombudsman Office at **1-888-452-8609**, Monday through Friday, 8:00am to 5:00pm, excluding holidays. The Ombudsman Office helps people with Medi-Cal understand their rights and responsibilities. You can also get help from your doctor, or call us at <<IPA Phone Number>>.