



Beneficiary Packet Materials Order Request Form

This form is for hard copy requests only.

All forms are available in the electronic format on www.optumsandiego.com.

To request a **hard copy** of The County of San Diego Drug Medi-Cal Organized Delivery System (DMC-ODS) materials, please complete the form below by indicating the number of copies you would like to receive in the designated box for your preferred language.

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|--|--------------------------------------|--|---------|-------------------------------------|--------|---------|
| Program Name: | | | | | | |
| Contact Person: | | | | Phone Number | | |
| PLEASE CHECK: | <input type="checkbox"/> Residential | | | <input type="checkbox"/> Outpatient | | |
| County of San Diego DMC-ODS Materials | | <i>Specify amount needed in the preferred language box</i> | | | | |
| | | English | Spanish | Vietnamese | Arabic | Tagalog |
| County of San Diego Drug Medi-Cal Organized Delivery System (DMC-ODS) Beneficiary Handbook | | | | | | |
| County of San Diego Drug Medi-Cal Organized Delivery System (DMC-ODS) Quick Guide | | | | | | |
| Grievance and Appeal Procedures Brochure | | | | | | |
| Grievance and Appeal Client Form | | | | | | |
| Self-Addressed Envelopes for Grievances and Appeals | | | | | | |
| Grievance and Appeal Poster | | | | | | |
| Access and Crisis Line Posters | | | | | | |
| Limited English Proficiency (LEP) posters | | | | | | |
| Behavioral Health Services Provider Directory | | | | | | |

Mail or fax requests to ATTN: Reception Desk

| Mailing Address | Interoffice Mail | Fax |
|---|------------------|----------------|
| Health and Human Services Agency Behavioral Health Services Division 3255 Camino del Rio South San Diego, CA 92108 | Mail Stop P531-J | (619) 584-5034 |

Questions? (619) 563-2700