

San Diego Medi-Cal Fee-For-Service Provider Beneficiary Material Request Form

Electronic, printable versions of all materials are available online at www.optumsandiego.com

Delivery Method: **MAIL** **PICK-UP**

Provider Name: _____

Street Address: _____

City, State & Zip: _____

Contact Phone: _____

Contact E-mail: _____

Please specify the *quantity* of each material you would like to request

Material Name	English	Spanish	Arabic	Tagalog	Vietnamese	Farsi/ Persian	Dari	Korean	Somali	Chinese
County of San Diego MHP Beneficiary Handbook										
Access & Crisis Line Poster										
Access & Crisis Line Brochure										
Advance Directive Brochure										
BHS Provider Directory (FFS, ORG, SUD)										
Grievance & Appeal Self-Addressed Envelope										
Grievance and Appeal Form										
Grievance and Appeal Poster										
Grievance and Appeal Procedures Brochure										
Limited English Proficiency Poster										
MHP Notice of Privacy Practices										
Physician's Note to Patients: CA Regulation										
Quick Guide to Mental Health Services										

Maximum order quantity per material: 50

Estimated Turnaround: 3-5 business days

Please submit by email or fax:

Email: sdoutreach@optum.com

Fax: 619-641-6801, ATTN: Outreach