

General Comments

Mental Health Psychiatric SMHS Timeliness Record

Medication Services

Fax or mail to: Optum Public Sector San Diego PO Box 601370 San Diego, CA 92160-1370 Fax: (866) 220-4495 Phone: (800) 798-2254, option 3 then 4

*Indicates a required field. This form must be submitted t	o Optum by client's 3rd appointment. If the clie	ent does not return, p	lease submit all information	n available.
*Client Name		*Medi-Cal #		*DOB
Initial Request	(Date client first reached out to you)			
Referral Source:				
*Date of First Contact to Request Services:		=	*Time:	_ AM PM
Urgent				
Initial Appoint	ment (This section required when client is	s still continuing serv	ices)	
First Service Appoin Was the client delay Reason for Delay: If other, explain:	tment/Assessment Offered Date: tment/Assessment Rendered Date ed access to services beyond 15 c	e:days? (exclude Stat		AM PM NO (If Yes , complete Reason for Delay)
Was the client referr	red to an Out-of-Network provider	r? Yes	No	
Access Reco	rd Closure (Required if client discont	tinued services by the	e 3rd appointment)	
Closure Date:	Closure Reason:			
If other, explain:				
Provider Con *Printed Name & Lice If Group Practice, N	ensure:			*Date:

An **Urgent Appointment** means health care is provided to a member when the member's condition is such that the member faces an imminent and serious threat to their health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or the normal time frame for the decision making process would be detrimental to the member's life or health or could jeopardize their ability to regain maximum function.

DHCS observes the following **State holidays**: New Year's Day, Martin Luther King Jr. Day, Presidents' Day, César Chávez Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, the Day After Thanksgiving, and Christmas Day