



**NEVADA COUNTY – HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH DEPARTMENT
Client 3rd Party Coverage – Medi-Cal**

Shaded Areas are not to be completed – leave blank

Main – Tab 1			
Client Name:		Client Number:	
Reviewed By:		Review Date:	
*Pay Source:	<input type="checkbox"/> Medi-Cal 100 <input type="checkbox"/> Medi-Cal Minor Consent 110	*Effective Date:	
Benefit Plan:	<input type="checkbox"/> MH 9010 <input type="checkbox"/> AOD 9030	Expiration Date:	
*Policy #(CIN)		*Priority:	

Group		Policy Holder	
Number:		(17)Relationship to Insured:	
Name:		Name (Last,First,MI):	
Medi-Cal Pol ID:		Address:	
Record Details		City/St/ZIP:	
Date Entered:	By:	DOB:	*(7)Sex:

Main – Tab 2			
<input type="checkbox"/> SSI		Enrollment ID:	
Alias - if different from Client legal name			
Name (Last,First,MI):			
DOB:		*(7)Sex:	
*Change (Required for changes only)			
Date:		Reason:	

California / New York / AZ – Tab 3	
County of Responsibility	_____
Primary Aid Code(s)	_____
Share of Cost/Spend Down	
<input type="checkbox"/> Subject to Share of Cost/Spend Down	
Monthly Share of Cost/ Spend Down Amount \$ _____	

Comments – Tab 4

*Key: *=Required Field*

Client Name: _____

Client #: _____



**NEVADA COUNTY – HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH DEPARTMENT**

Client 3rd Party Coverage – Other

Shaded Areas are not to be completed – leave blank

Main – Tab 1					
Client Name:			Client Number:		
Reviewed By:			Review Date:		
*Pay Source:		*Effective Date:			
Benefit Plan:		Expiration Date:			
*Policy #		*Priority:			
Group			Policy Holder		
Number:		(17)Relationship to Insured:			
Name:		Name (Last,First,MI):			
Medi-Cal Pol ID:		Address:			
Record Details			City/St/ZIP:		
Date Entered:		By:		DOB:	*(7)Sex:

Main – Tab 2					
<input type="checkbox"/> SSI		Enrollment ID:			
Alias - if different from Client legal name					
Name (Last,First,MI):					
DOB:				*(7)Sex:	
*Change (Required for changes only)					
Date:		Reason:			

California / New York / AZ – Tab 3

Comments – Tab 4

*Key: *=Required Field*

Client Name: _____

Client #: _____