

**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	Russian
County of San Diego Integrated MHP and DMC-ODS 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