

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

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

Provider Name: _____

Street Address: _____

City, State & Zip: _____

Phone: _____

E-mail: _____

Delivery Method: MAIL PICK-UP

Material Name	English	Spanish	Arabic	Tagalog	Vietnamese	Farsi
Notices & Brochures						
County of San Diego MHP Beneficiary Handbook						
Quick Guide to Mental Health Services						
Advance Directive Brochure						
Physician's Note to Patients – California Regulation						
Notice of Privacy Practices						
Grievance and Appeals						
Grievance and Appeal Procedures Brochure						
Grievance and Appeal Form						
Self-Addressed Envelopes for Grievances and Appeals						
Posters						
Grievance and Appeal Poster						
Limited English Proficiency Poster						
Access & Crisis Line Poster						
Informational Directories						
FFS Provider List						
BHS Provider Directory (FFS, ORG, SUD)						

Maximum order quantity per material: 50
Est. Turnaround: 3-5 business days to ship.

Please submit request form by email or fax:

- **Email:** sdoutreach@optum.com
- **Fax:** 619-641-6801, Attention: Outreach