|  |
| --- |
|  **REQUESTER:** * **Use Form B to request duplicate client case numbers to be combined.**
* **Only TYPED Forms will be accepted effective 05/15/2019.**
* **Complete fields in each column as instructed.**
* **Fax this form along with any supporting documents e.g. ID, Medi-Cal card, Immigration, Adoption.**

 **\*Medical Policy & Effective date can be found in *Clinicians Homepage “Insurance Coverag*e” Tab**  |
| **Section #1 - REQUESTER INFORMATION** |
| **Date of Request** |    /    /      | **Form completed by:** |       |
| **Program Name** |       | **Your Phone #** | **(**     **)**     **-**      | Ext #      |
| **Unit/SubUnit #** |      /      | **Your Fax #** | **(**     **)**     **-**      |
| **Section #2 - CLIENT INFORMATION** |
| **CCI Data Fields- To find CCI - Right click on patient name, select “Show Core Client Information”)** | **Client Record A****As Data CURRENTLY Appears in the Core Client Information (CCI) window** **Leave field blank if data not available** | **Client Record B****As Data CURRENTLY Appears in the Core Client Information (CCI) window****Leave field blank if data not available** |
| **Case Number** |       |       |
| **Sort Name** |       |       |
| **Client Name** |       |       |
| **Date of Birth (mm/dd/yyyy)** |    /    /      |    /    /      |
| **Social Security #** |     -    -      |     -    -      |
| **\*Medi-Cal Policy #/eff date (mm/dd/yyyy)** |       |    /    /     |       |    /    /     |
| **Remarks/ Add’l Information** |        |
|  **STOP – DO NOT ENTER INFORMATION BELOW THIS LINE. HIMS USE ONLY.** |
| **[ ]  NOTICE TO REQUESTER:** **Unable to Combine Clients** | **Reason:**       |
| **CLIENT INFORMATION TO BE KEPT IN CCBH** |
| **Case Number** |       | **Date of Birth** |    /    /      |
| **Sort Name** |       | **Social Security #** |     -    -      |
| **Client Name** |       | **Medi-Cal Policy # /eff date**  |       |    /    /     |
| **Date completed by HIMS** |    /    /      | **HIMS Staff CCBH ID # and Name** |       |
| **[ ]  Sent to ASO** | **[ ]  Sent to MHBU** | **[ ]  N/A** |

|  |
| --- |
| **The section below to be completed by the Administrative Services Organization (ASO) staff only.** |
| **Date ASO Combined Clients** |    /    /      | **ASO Staff who Combined Clients**  |       |