

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/ Persian/ Dari	Korean	Somali	Chinese
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									
MHP 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									
BHS Provider Directory (FFS, ORG, SUD)									

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

Please submit by email or fax:
 • **Email:** sdoutreach@optum.com
 • **Fax:** 619-641-6801, ATTN: Outreach