



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

DMH SHORT-DOYLE / MEDI-CAL (SD/MC) SYSTEM CLAIMS SUBMISSION CUTOFF DATES FOR 2003

1st Week 2nd Week 3rd Week 4th Week

| | | | | |
|-----------|---|----|----|----|
| January | 8 | 15 | 22 | 29 |
| February | 5 | 12 | 19 | 26 |
| March | 5 | 12 | 19 | 26 |
| April | 2 | 9 | 16 | 28 |
| May | 7 | 14 | 21 | 28 |
| June | 4 | 11 | 18 | 26 |
| July | 9 | 16 | 23 | 29 |
| August | 6 | 13 | 20 | 27 |
| September | 3 | 10 | 17 | 25 |
| October | 8 | 15 | 22 | 29 |
| November | 5 | 12 | 17 | 24 |
| December | 3 | 10 | 17 | 29 |

The above table indicates the date by which Department of Mental Health **must** have received your SD/MC claims in order to assure processing by Department of Health Services. Claims must be submitted by midnight on the cutoff date.

DMH will not process SD/MC claims without a signed MH1982A form that must be submitted by the cutoff date to fax number (916) 654-3007.

DMH Helpdesk: (916) 654-3117