



CALIFORNIA DEPARTMENT OF

# Mental Health

## DMH SHORT-DOYLE / MEDI-CAL (SD/MC) SYSTEM CLAIMS SUBMISSION CUTOFF DATES FOR 2004

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

	1st Week	2nd Week	3rd Week	4th Week or EOM
January	7	14	21	28
February	4	11	18	25
March	3	10	17	29
April	7	14	21	28
May	5	12	19	26
June	2	9	16	28
July	7	14	21	28
August	4	11	18	27
September	8	15	22	28
October	6	13	20	27
November	3	10	17	26
December	8	15	22	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