



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

IF YOU ARE ELIGIBLE FOR FAMILY PACT, MEDI-CAL MAY REIMBURSE YOU FOR FAMILY PLANNING AND REPRODUCTIVE HEALTH EXPENSES YOU PAID

You may be able to be reimbursed for some expenses you paid. The California Department of Health Care Services (DHCS) will assist you in getting your money back if all criteria below are met:

1. You received a Family PACT-covered family planning and reproductive health service during the 3-month period prior to the month you were initially certified for participation in the Family PACT program.
2. You paid for your family planning service, or another person paid for your family planning service on your behalf. You must provide proof that the family planning service was paid for by you or another person and provide an itemized list of services covered by the payment.
3. This form (DHCS 4001) must be certified by a Family PACT provider for you to be eligible for retroactive reimbursement.
4. You do not seek reimbursement for co-payments or excess Share of Cost charges. Reimbursement for valid claims will not exceed the Family PACT rate for the covered service at the time the service was rendered.
5. The medical provider was in California.
6. You are required to provide documentation of medical necessity if prior authorization is required for the service rendered.
7. You were eligible to receive that specific family planning service.
8. The family planning service was a benefit under the Family PACT program.
9. You give the Beneficiary Service Center permission to contact you and/or your Family PACT provider directly.
10. You authorize your medical providers to release necessary records to verify this claim.

Important dates and time frames:

- You must submit your claim within one year of the date of the service. A Claim not submitted within one year of the date of a service will be denied. Only that portion of the claim that is within the allowable timeframe, if any, will be considered for reimbursement.

To file a claim for reimbursement or for more information call:

Beneficiary Service Center - Family PACT, (916) 403-2007 TDD: (916) 635-6491

****REMEMBER TO KEEP ALL RECEIPTS FOR THE FAMILY PLANNING
AND REPRODUCTIVE HEALTH CARE YOU RECEIVED****

The Beneficiary Service Center will review your claim and send you a letter describing the status of your claim. If you disagree with any action taken, you may ask for a state hearing. The letter will tell you how to ask for a state hearing.

Your Rights:

You have the right to request a state hearing to review a Beneficiary Service Center decision or action regarding your request for a Beneficiary Reimbursement. You must request a state hearing within 90 days of the date on the Notice of Action that informs you of the decision or action that was mailed to you by the Beneficiary Service Center. Please follow the instructions provided in the Notice of Action to request a state hearing or call the California Department of Social Services' State Hearings Division at 800-952-5253. For TDD service, call 1-800-952-8349. Written requests must be mailed to:

State Hearings Division
California Department of Social Services
P.O. Box 944243, Mail Station 19-99
Sacramento, CA 94244-2430

Privacy Statement (Civil Code § 1798 et seq.)

Civil Code, § 1798.17, and the Federal Privacy Act, 5USC 552a, subdivision (e)(3), require this notice be provided when collecting personal or confidential information from individuals.

