



LEA Medi-Cal Billing Option Program Site Visit/Technical Assistance Request

The Department of Health Care Services, Local Educational Agency (LEA) Medi-Cal Billing Option Program (BOP) is offering technical assistance to those LEAs in need of support regarding the LEA BOP. If you are interested in receiving assistance from us, please fill out the form and submit to: LEA@dhcs.ca.gov. We will contact you within 30 days to schedule an appointment.

Official LEA Name: _____

NPI: _____

Administrative Office Address: _____

Name: _____

Phone Number/E-Mail Address: _____

Please check areas in which you are seeking assistance and write a brief description in the box below:

- | | | |
|---|--|--|
| <input type="checkbox"/> PPA/AR | <input type="checkbox"/> Enrollment Process | <input type="checkbox"/> Other (use box below) |
| <input type="checkbox"/> DUA | <input type="checkbox"/> Policies and Procedures | |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Billing Information | |

Other:

If you have any other questions, please contact us at: LEA@dhcs.ca.gov.

For DHCS office use only.

- | | |
|--|--------|
| <input type="checkbox"/> Received on _____ | (date) |
| <input type="checkbox"/> Contacted on _____ | (date) |
| <input type="checkbox"/> Scheduled for _____ | (date) |
| <input type="checkbox"/> Approved _____ | |