

LEGAL ENTITY FILE UPDATE INSTRUCTION

TYPE OF TRANSACTION:

Add: Adding a new Legal Entity to the file.

Change: Making a change to an existing Legal Entity (name or address change).

Inactivate: Used to put an end date in the file if a Legal Entity closes or changes ownership (such as a sale or merger.)

LEGAL ENTITY NUMBER: The Legal Entity is the owner of the Provider. Legal Entity Numbers are assigned by the State Department of Health Care Services, County Claims Customer Services Section.

FEDERAL TAXPAYER ID: The Taxpayer Identification Number assigned to the Legal Entity by the Federal Government (similar to an SSN).

LEGAL ENTITY NAME AND ADDRESS: The Corporate or Administrative name and address of the Legal Entity.

OWNERSHIP TYPE: Code for the type of ownership of the Legal Entity. See the Ownership Type and Management Type Definitions for a more detailed explanation of these codes:

01 = Individual	05 = County or City Government	09 = Dept. of Veterans Affairs
02 = Partnership or Corporation	06 = District/Regional Authority	10 = Other Federal Government
03 = State Mental Health Agency	07 = Religious Organization	11 = Other
04 = Other State Government	08 = Other Not-For-Profit	

MANAGEMENT TYPE: Type of organization or program of the Legal Entity. See the Ownership Type and Management Type Definitions for a more detailed explanation of these codes:

01 = Psychiatric Hospital	04 = Outpatient Mental Health Clinic	07 = Other Mental Health Organization
02 = Psychiatric Unit of a General Hospital	05 = Mental Health Partial Care Organization	
03 = Organization Providing Residential Services	06 = Multiservice Mental Health Organization	

COUNTY SUBMITTING FORM: The name of the county submitting the form.

COUNTY SUBMITTING CODE: The county code submitting the Legal Entity File Update form.

LEGAL ENTITY START DATE: The initial start date of the county contract with the Legal Entity. A Legal Entity can be added retroactively.

LEGAL ENTITY END DATE: Date the Legal Entity ceased operations or changed ownership status.

COUNTY LEGAL ENTITY RESIDES IN: This is the location where the Legal Entity is physically located.

EMAIL the LEFU form to: ProviderFile@dhcs.ca.gov

or **FAX** the LEFU form to: **(916) 440-7621**