CHANGE OF STATUS-LIENS

Name of Beneficiary	Medi-Cal Identification Number		Social Security Number		
 □ Discharged from long-term care and returne □ Requested a county level review on □ Requested a state hearing/rehearing on □ County level review decision issued on □ State hearing/rehearing decision issued on 	ed home on			- - - -	
Lien may be recorded ☐ Yes ☐ N	lo				
Beneficiary's Address (number, street)		City		State	ZIP Code
Other information/changes:	'				
Eligibility Worker signature	Eligibility Worker number Telephone number		Telephone number		Date
DHCS 7013 (06/07) State of California—Health and Human Services Agency	lail to: Department of Hamiltonian Party Liab Estate Recovery MS 4720 P.O. Box 99742 Sacramento, CATelephone number 1997 P.O. Box 99742 Sacramento, CATELER P.O. B	ility and A Section 5 5 5 95899- ber: (91)	Recovery Division 7425 6) 650-0490		Department of Health Care Services
Name of Beneficiary	Medi-Cal Identification Number			Social Security Number	
 Discharged from long-term care and returned Requested a county level review on Requested a state hearing/rehearing on County level review decision issued on State hearing/rehearing decision issued on 				- - - -	
Lien may be recorded ☐ Yes ☐ N	No.				
Beneficiary's Address (number, street)		City		State	ZIP Code
Other information/changes:	1				
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Eligibility Worker signature	Eligibility Worker number lail to: Department of H		Telephone number		Date

Third Party Liability and Recovery Division Estate Recovery Section MS 4720

P.O. Box 997425

Sacramento, CA 95899-7425 Telephone number: (916) 650-0490

INSTRUCTIONS FOR DHCS 7013 CHANGE OF STATUS-LIENS

The form is completed in duplicate; the original sent to DHCS Recovery, the copy retained in the case record.

- 1. Enter beneficiary's full name, Medi-Cal ID number, and Social Security number.
- 2. Check box and enter requested information.
- 3. Eligibility Worker signs and dates form.

DHCS 7013 (06/07)

State of California—Health and Human Services Agency

Department of Health Care Services

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