

**LEGAL ENTITY FILE UPDATE (LEFU)**

**TYPE OF TRANSACTION:** (Check only one)      Add       Change       Inactivate   
(Only one transaction per LEFU)

**LEGAL ENTITY NUMBER:**  (to be assigned by DHCS)

**FEDERAL TAXPAYER ID**  -

**CORPORATE OR ADMINISTRATIVE NAME AND ADDRESS**

**LEGAL ENTITY NAME:** \_\_\_\_\_

**LEGAL ENTITY ADDRESS:** \_\_\_\_\_

**LEGAL ENTITY CITY:** \_\_\_\_\_

**LEGAL ENTITY ZIP CODE:**  -   
(Last four digits optional)

**OWNERSHIP TYPE:**       **MANAGEMENT TYPE:**

(Use codes from the Ownership Type and Management Type definitions)

**COUNTY SUBMITTING FORM:** \_\_\_\_\_

**COUNTY SUBMITTING CODE:** \_\_\_\_\_

**LEGAL ENTITY START DATE:**   
M M D D Y Y Y Y

**LEGAL ENTITY END DATE:**   
M M D D Y Y Y Y

**COUNTY LEGAL ENTITY RESIDES IN:** \_\_\_\_\_

**COUNTY CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETION OF THE  
LEGAL ENTITY FILE UPDATE**

**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 Department of Health Care Services (DHCS), County Claims Customer Service 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:

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

**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:

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

**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 STATE 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 county where the Legal Entity is physically located.

Email the completed LEFU form to: **PROVIDERFILE@DHCS.CA.GOV** or **FAX to: (916) 440-5210**