

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
ACRAMENTO, CA 95814



November 7, 1986

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 86- 62

SUBJECT: MC 401, (MC 300/301/302 Issuance Report) and MC 402,
(MC 302 Daily Usage Report)

This is to notify you that it will no longer be necessary for counties to submit forms MC 401 or MC 402 to the Department's Medi-Cal Eligibility Branch.

The Department recommends, however, that each county maintain a system to internally monitor their card stock. Effective immediately the Department's Warehouse will no longer stock these MC 401 and MC 402 forms.

If you have any questions, please feel free to contact our Forms Coordinator, Fahlda Nelson, at 322-8702.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Attachments

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: February 7, 1987

MC 300/301/302 ISSUANCE REPORT

County _____

Green ☐

Month _____

Red ☐

Inventory Report

	MC300	MC301	MC302
a. Beginning Stock This Month	_____	_____	_____
b. Stock Received This Month	_____	_____	_____
c. Total Stock Available (a+b)	_____	_____	_____
d. Stock Used for Cards (including erroneous cards returned to DHS)	_____	_____	_____
e. Number Used for Screen Print	_____	_____	_____
f. Number Voided (including erroneous cards not returned to DHS, wastage due to printer alignment, etc.)	_____	_____	_____
g. Total Stock Used (d+e+f)	_____	_____	_____
h. Ending Stock This Month (c-g)	_____	_____	_____

Send to: Department of Health Services
Medi-Cal Eligibility Branch
714 P Street, Room 1650
Sacramento, CA 95814

Prepared By _____

Date _____

MC 302 DAILY USAGE REPORT*(County Use Only)***A. Card Stock Released from Storage**

Beginning Serial Number _____

Ending Serial Number _____

Volume of Card Stock Released _____

A. _____

B. Card Stock UsedVolume Used for Card Issuance
(including erroneous cards
returned to DHS) _____

Volume Used for Screen Print _____

Volume Voided (errors not
returned to Department,
printer alignment, etc. _____

TOTAL STOCK USED B. _____

C. Card Stock Returned to Storage

Beginning Serial Number _____

Ending Serial Number _____

Volume of Card Stock Returned _____

C. _____

Note: Item A minus B must equal Item C

Prepared By _____

Date _____