TRANSMITTAL FORM

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INSTRUCTIONS:								
Each group of TARs p Administrative Remedy Transmittal Form as an self addressed stamped	Section) may incluace acknowledgement of	ude this form. P	roviders v	vho woul	d like to	receive a	copy of the	
DELIVERY METHOD:		☐ FAX ☐	ONSITE					
National Provider Name Identifier (NPI)			Date Stamp					
Address City and ZIP Contact Person						Initials		
hone () Pax () Date Sent				STATE USE ONLY				
Patient's Name	Medi-Cal Identification Number	TAR Sequence Number	Admit Date	Discharge Date	# of Pages Sent for Review	# of Pages Received by Field Office	# of Pages Received by Facility	
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For STATE use only:			PAG	6E	OF	_ (including t	his form)	
Date R	eturned to Facility:	R	eturned By	:				

This information is for the sole use of the intended recipient and may contain confidential and privileged information. Any unauthorized review or use including disclosure is prohibited.

If you are not the intended recipient of this information, please contact the sender and destroy all copies of the documentation.