



SAN MATEO COUNTY HEALTH

## BEHAVIORAL HEALTH & RECOVERY SERVICES

### Attachment A: Sample Verification of Services Letter

#### CONFIDENTIAL SERVICES VERIFICATION STATEMENT

**This is NOT A BILL**

Dear [Client's Name],

You are receiving this statement as part of our efforts to ensure that individuals with Medi-Cal benefits have received appropriate services from Behavioral Health & Recovery Services and our contracted providers.

Please review and confirm that you received the services listed below. According to our records, the following services were provided to you during the period of [Start Date] to [End Date]:

Date:

Services Description:

Provider Clinic:

Clinician Name:

If you believe the services listed are inaccurate or if you did not receive the services, please notify us immediately by calling 650-573-2695. Leave a message, and we will contact you as soon as possible.

If the services listed are accurate, you do not need to take any further action; these services will be billed to Medi-Cal.

If you were not satisfied with the services, you can file a grievance with BHRS. We have a team dedicated to assisting our members with grievances. You can reach them at our toll-free number: 1-800-388-5189.

We are committed to improving the quality of services we provide to you. Thank you for your assistance in this matter.

Sincerely,

[Your Name]

[Your Position]

San Mateo County Behavioral Health & Recovery Services