

<< IPA LOGO >>

Prior Authorization Not Required

<<Date>>

<<Member Name>>

<<Address Line 1>> <<Address Line 2>>

<<City>>, <<ST>> <<Zip>>

DOB: [Member DOB]
Member ID: [Member ID]
Health Plan: Inland Empire Health Plan
Requesting Practitioner: [Requesting Provider Name]
Requested Provider: [Servicing Provider Name]
Tracking Number: [Tracking Number]
Service Category: [Service Category & Sub-Category]

RE: Preventive Screening/Treatment Services

<<Member Name>>,

This notice lets you know that you do not need a referral from your Primary Care Doctor (PCP) to get this service. You can get this service at no cost from one of our Providers in the << IPA >> network. To get a Provider Directory of network Providers, call << IPA >> at << IPA Contact Information >>. You can also find the Provider Directory online at << IPA Website >>.

Should you have any questions about this letter, please call << IPA >> at << IPA Contact Information >>.

Thank you,

<< IPA >>

California Department of Health Care Services (DHCS) Office of the Ombudsman

For help with Medi-Cal, you may call the California Department of Health Care Services (DHCS) Ombudsman Office at **1-888-452-8609**, Monday through Friday, 8:00am to 5:00pm, excluding holidays. The Ombudsman Office helps people with Medi-Cal understand their rights and responsibilities.

California Department of Managed Health Care

If you have been receiving care from a health care Provider, you may have a right to keep your Provider for a designated time period. Please contact IEHP Member Services, and if you have

further questions, you are encouraged to contact the **Department of Managed Health Care**, which protects consumers, by telephone at its toll-free number, **1-888-466-2219**, or at a TTY number for the hearing and speech impaired at **1-877-688-9891**, or online at **www.dmhc.ca.gov**.