



Department of Behavioral Health

SIMON # _____
For Office Use Only

REQUEST FOR SECOND OPINION

As a Medi-Cal beneficiary, you may ask the Mental Health Plan (MHP) to arrange for a second opinion about your mental health condition. To do this, you may call and talk to a representative of DBH at (888) 743-1478 or write to the 303 E. Vanderbilt Way, San Bernardino, CA 92415.

The MHP will provide a second opinion by a licensed mental health professional employed by, contracting with or otherwise made available by the MHP when the MHP or its providers determine that the medical necessity criteria have not been met and that the beneficiary is, therefore, not entitled to any specialty mental health services from the MHP. The MHP shall determine whether the second opinion requires a face-to-face encounter with the beneficiary.

Please fill out this form as best you can in your own words. If you would like help with this form, feel free to contact your therapist or physician, the Access Unit at (888) 743-1478 or the Patients' Rights Office at (800) 440-2391. Please mail or fax completed form to the Access Unit, 303 E. Vanderbilt Way, San Bernardino, CA 92415-0920, Fax (909) 890-0353.

Note: The beneficiary will not be subject to discrimination or any other penalty for seeking a second opinion.

Why did you originally come to the Department of Behavioral Health for help?

Which clinic or provider did you receive services from?

Why are you requesting a second opinion?

Did you receive a Notice of Action letter regarding this matter? YES NO

Date Requested _____

Beneficiary (Client) Signature _____ Date _____

Beneficiary (Client) Printed Name _____

Date of Birth _____ Telephone # _____

Address _____ City _____ State _____ Zip Code _____