



ELIGIBILITY LETTER OF AUTHORIZATION

Document Number

00000000

Beneficiary's Name, Address, City, State and Zip

[ ]

Issuing County:
Medi-Cal ID #:
* Worker's Name:
* Worker's Number:
* Worker's Telephone #:
* Date of Application:
* Date of Approval:

Dear \_\_\_\_\_:

RE: Medi-Cal Billing for:     /    /         /    /         /    /         /    /         /    /         /    /    

This original numbered MC-180 is approval for Medi-Cal providers to bill services provided to you during the above referenced months. An MC-180 is being issued in accordance with Title 22, California Code of Regulations (CCR) Section 50746. This regulation permits county welfare departments to issue documentation of eligibility which can be used by beneficiaries for periods more than one year after the month of service as a result of one of the following reasons:

- SSI/SSP eligibility was approved for a retroactive period but cards were not issued by the State Department of Health Services.
- A court order requires that a card be issued.
- A State Hearing or other administrative hearing decision requires that a card be issued.
- The State Department of Health Services requests that a card be issued. (Original signature of an authorized DHS staff person: \_\_\_\_\_)
- An Administrative Error has occurred. (Description) \_\_\_\_\_

Please give your doctor or other medical provider this form for the applicable month(s)/year(s) of service. Providers do not need to submit a Medi-Cal proof of eligibility label with their claims when using this MC-180.

If you were provided services by more than one doctor or provider, please contact your worker to obtain additional original copies of this form.

Sincerely,

**INSTRUCTIONS TO PROVIDER**  
Submit this form, along with the claim(s), to:

EDS Federal Corporation  
Attention: Over-One-Year-Unit  
P.O. Box 13029  
Sacramento, CA 95813-4029

\_\_\_\_\_  
(Original Signature of Authorized County Administrative Staff)