



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

**IF YOU ARE ELIGIBLE FOR FAMILY PACT, MEDI-CAL MAY REIMBURSE YOU FOR
FAMILY PLANNING AND/OR REPRODUCTIVE HEALTH EXPENSES YOU PAID**

You may be able to be reimbursed for some expenses you paid. The California Department of Health Care Services (DHCS) will assist you in getting your money back if all criteria below are met:

1. You received a Family PACT covered family planning and/or reproductive health service during the 3-month period prior to the month you initially certified for participation in the Family PACT program.
2. You paid for your family planning service; or another person paid for your family planning service on your behalf. **You must provide proof that the family planning service was paid for by you or the other person with an itemized list of services covered by the payment.**
3. You must be certified (by CDPH 4001 form) to be eligible for retroactive reimbursement.
4. Reimbursement excludes co-payment and excess Share of Cost charges and is up to the rate for the applicable covered service at the time the service was rendered.
5. You do not need to have received the service from a Medi-Cal/Family PACT enrolled provider if you received the family planning and/or reproductive health service during the 3-month period prior to enrolling in the Family PACT program
6. You are **required** to provide documentation of medical necessity if prior authorization is required for the service rendered.
7. You were eligible to receive that specific family planning service.
8. The family planning service was a benefit under the Family PACT program.
9. **You agree to waive Family PACT program confidentiality requirements so DHCS can communicate directly with you and/or your Family PACT provider.**

Important dates and time frames:

- You must submit your claim within one year of receipt of services or within 90 days after certification for retroactive eligibility, whichever is longer.

For more information or to file a claim, you MUST call or write to Medi-Cal at:

**California Department of Health Care Services
Beneficiary Service Center
P.O. Box 138008
Sacramento, CA 95813-8008
(916) 403-2007 TDD: (916) 635-6491**

****DON'T FORGET TO KEEP ALL RECEIPTS FOR THE FAMILY PLANNING
AND/OR REPRODUCTIVE HEALTH CARE YOU RECEIVED****

Medi-Cal will review your claim for repayment and send you a letter with a check or a denial letter that tells you the reason for denial. If Medi-Cal denies your request for payment, you may ask for a state hearing. The denial letter will tell you how to ask for a state hearing.

For more information see www.medi-cal.ca.gov .

