



MENTAL HEALTH SERVICES

## MENTAL HEALTH SERVICES

### Void and Replace Request – Services before 7/1/23

Use this page to Void/Replace a service provided prior to 7/1/23.

Complete information in the table below and send to Behavioral Health Administration, 1340 Arnold Drive, Suite 200, Martinez, CA 94553, FAX (925) 957-5156. Include a copy of the ShareCare Service Entry Screen

- ☐ **VOID ONLY** - No corrections or updates needed.
- ☐ **VOID/CORRECTION** - Corrections to the service, i.e., replacement service
- ☐ **MEDI-CAL 835 DENIAL**

Reason for Request: \_\_\_\_\_

Program Name: \_\_\_\_\_

Reported By: \_\_\_\_\_ Date: \_\_\_\_\_

VOID		CORRECTION	
Consumer Service ID		DELETE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CONSUMER ID		CONSUMER ID	
CONSUMER NAME		CONSUMER NAME	
FACILITY ID		FACILITY ID	
PROGRAM ID		PROGRAM ID	
PROVIDER ID		PROVIDER ID	
PROVIDER TIME		PROVIDER TIME	
BEGIN DATE		BEGIN DATE	
SERVICE CODE		SERVICE CODE	
PLACE OF SERVICE		PLACE OF SERVICE	
PREGNANCY INDICATOR	<input type="checkbox"/> YES <input type="checkbox"/> NO	PREGNANCY INDICATOR	<input type="checkbox"/> YES <input type="checkbox"/> NO
EMERGENCY INDICATOR	<input type="checkbox"/> YES <input type="checkbox"/> NO	EMERGENCY INDICATOR	<input type="checkbox"/> YES <input type="checkbox"/> NO
Comments:		<b><u>CHECK IF APPLICABLE (one box only):</u></b>	
		<input type="checkbox"/> Consumer Address Updated – Rebill Medi-Cal	
		<b>Duplicate Override:</b>	
		<input type="checkbox"/> Distinct Procedural Service	
		<input type="checkbox"/> Repeat Procedure by Same Person	
		<input type="checkbox"/> Repeat Procedure by Different Person	

### FOR BHA DEPT. USE ONLY

Complete Date: \_\_\_\_\_

Verify Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_