TRANSMITTAL FORM

☐ **TAR** ☐ **APPEAL**

INSTRUCTIONS:

Each group of TARs presented via Mail, Fax or Onsite to the Field Office, Pharmacy Section or Appeals (TAR Administrative Remedy Section) may include this form. Providers who would like to receive a copy of the Transmittal Form as an acknowledgement of receipt of TARs **must send 2 copies** of the Transmittal Form and a self addressed stamped envelope.

DELIVERY METHOD: ☐ **MAIL** ☐ **FAX** ☐ **ONSITE**

FACILITY INFORMATION:

Name _____ National Provider Identifier (NPI) _____

Address _____

City and ZIP _____ Contact Person _____

Phone ( ) _____ Fax ( ) _____ Date Sent _____

Date Stamp

Initials _____

STATE USE ONLY

Patient's Name	Medi-Cal Identification Number	TAR Sequence Number	Admit Date	Discharge Date	# of Pages Sent for Review	# of Pages Received by Field Office	# of Pages Received by Facility
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

For **STATE** use only**:** PAGE _____ OF _____ (including this form)

Date Returned to Facility: _____ Returned By: _____

This information is for the sole use of the intended recipient and may contain confidential and privileged information. Any unauthorized review or use including disclosure is prohibited.

If you are not the intended recipient of this information, please contact the sender and destroy all copies of the documentation.