

# TAR UPDATE TRANSMITTAL FORM 18-3

• **FROM:** County Mental Health

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

• **RETURN TO:** Conduent  
P.O. Box 15200  
Sacramento, CA 95851-1200

1. On this form fill in the corrected information only. DO NOT fill in items which will not change.
2. If you wish to "Cancel" the TAR: Write in blue or black ink "Cancel" (comments/explanation)
3. Fill in the original TAR Control Number, Date Change Effective, and sign at the bottom of this form.
4. ATTACH a copy of the original TAR to this form showing corrections in red and mail to the address above.

PROVIDER: YOUR REQUEST IS:

APPROVED AS REQUESTED   
  APPROVED AS MODIFIED SEE COMMENTS BELOW  
 DENIED REASON AND ALTERNATE TREATMENT PLAN RECOMMENDED   
  DEFERRED  
 JACKSON VS RANK PARAGRAPH CODE  
 ID NO                      DATE

COMMENTS/EXPLANATION

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<input type="text"/>	<input type="text"/>	RETROACTIVE AUTHORIZATION GRANTED IN ACCORDANCE WITH SECTION E1D02(H)	FROM DATE <input type="text"/>	TO DATE <input type="text"/>	AUTHORIZATION IS VALID FOR SERVICES PROVIDER
<input type="text"/>	ORIGINAL/ADMIT TAR CONTROL #	BY: COUNTY MENTAL HEALTH CONSULTANT	DATE CHANGE EFFECTIVE		
OFFICE					

APPROVED CARE TYPE     MENTAL HEALTH STAY  
 ACUTE    ADMIN DAYS    ADMISSION DATE  
               
 MEDICARE  
  
 STATUS  
  
 DAYS OF THIS HOSPITALIZATION ARE DENIED  
     
     
     
     
 DATE OF DAYS DENIED