

STATEMENT OF COUNTY RESPONSIBILITY*

To Whom it May Concern:

This is a statement of county responsibility for psychiatric admission to _____ (Hospital) for the following San Mateo County client:

NAME: _____ **DOB:** _____

(Signature of PES Nurse)

(Date)

For discharge planning please notify:

Adults: Melinda Parker of BHRS Adult Resource Management at 650-372-8573 or Jennifer Bruggeman at 650-573-3612.

Youth: Tim Horgan of BHRS Youth Case Management at 650-573-3970 or Steve Munson at 650-573-2993.

For review:

Please send the TAR (for Medi-Cal) or claim (For Non-Medi-Cal) and the full medical record to:

Holly Severson RN, MSN
Behavioral Health & Recovery Services, QM
1950 Alameda de las Pulgas, Suite 157
San Mateo CA 94403

San Mateo County accepts responsibility for the first day of psychiatric hospitalization.

***Additional payment is contingent upon medical necessity being demonstrated in the medical record.**

