

Enhancing Lives, Promoting Independence, Embracing Recovery

Hospital Name

Address

Address

Date

Re: Hospital Payment

Person Served:

Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sanilac County Community Mental Health Authority is denying payment for this account due to the following reason:

**No Authorization**

This service was not authorized through our Access Center. If you believe this is incorrect, please provide authorization number(s).

\* Psychiatric consults on a medical floor and partial hospitalization require prior authorization through our Access Center at 1-888-225-4447.

**Person Is Not a Sanilac County Resident**

The person is a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County.

**Service Billed Is Part of Our Hospital Per Diem Rate**

The contract we have with the hospital for inpatient psychiatric services is all-inclusive.

Medical and psychiatric professionals should submit their claims to the hospital where services were received.

**Person Has Insurance that Was Not Billed**

The person has insurance through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with an account # of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please submit the claim to this company.

**CMH Has Already Submitted Payment for This Claim**

Check #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ **Other Insurance Has Paid This Claim**

Medicare or private insurance has already submitted payment for this claim that is in excess of our contracted rate.

**Claim is Not for a Mental Health Service**

Medical professionals should submit their claims to the individual’s insurance plan for payment.

**Other:**

Please contact me with any questions at 810-583-0496.

Sincerely,

Carmella Saldana

Hospital Program Coordinator