



**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH  
CIO BUREAU/SYSTEMS AND OPERATION/HELP DESK**

**INDIVIDUALS AUTHORIZED TO SIGN CIOB FORMS**

**Replace Signatures on File**

**Add to Signatures on File**

Legal Entity # 9999

**Check Box for Type**

Reporting Unit (s): 9999A, 9999R, 9999S, 9999W  DMH  NGA  FFS  DHS

Provider/Agency Name: BELOVED MEDICAL CENTER

Address: 1234 NEWWAVE BLVD HAPPRY CITY CA 01234  
Street City State Zip

Telephone Number: (201) 561-2015 213  
Area Code Number Extension

Director Level or Above: DR. SALLY BEGONE, MD  
Print/Type

Director's Level or Above Signature: Dr. Sally Begone, MD

Director's E-Mail Address: sally.begone@medctr.com

The following individuals are authorized to sign CIOB Forms submitted by the above name agency:

Name of Designee: Town Little  
Print/Type

Signature of Designee Town Little

Title: Office Manager

E-Mail Address: Town.Little@medctr.com Phone (201) 561-2018

Name of Alternate: Help Me  
Print/Type

Signature of Alternate: Help Me

Title: Billing Manager

E-Mail Address: help.me@medctr.com Phone (201) 561-2055

Date Submitted to CIOB May 3, 2010

**NOTICE: FAX WILL NOT be accepted. Original signatures are required.**

Return completed form to: LA County, Department of Mental Health  
CIO Bureau/IS-Systems Access  
695 S. Vermont Avenue  
Los Angeles, CA 90005

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