



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

INDIVIDUALS AUTHORIZED TO SIGN CIOB FORMS

Check Box for Type

Pharmacy, FFS, NGA Legal Entity No. or

Provider Number: PSY123456 DMH DHS NGA FFS Pharmacy

Name of Agency/Provider: BELOVED MEDICAL CENTER

Address: 1234 NEWWAVE BLVD. HAPPY 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

The following individual is authorized to sign CIOB Forms submitted by the above name agency:

Name of Designee: Town Littleman
Print/Type

Signature of Designee: Town Littleman

Title: Office Manager

Name of Alternate: Help Me
Print/Type

Signature of Alternate: Help Me

Title: : Billing Manager

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

Return completed form to: LA County, Department of Mental Health
CIO Bureau/Systems Access
695 S. Vermont Ave, 6th Floor
Los Angeles, CA 90005

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