

PARTNERSHIP



of CALIFORNIA

Date: February 5, 2009

Medi-Cal

Provider Notice: #105

Subject: Medi-Cal Pharmacy Claim Forms # 30-1CZ and 30-4

Effective 4/1/09, Partnership Healthplan of California will no longer accept the Medi-Cal Pharmacy Claim Forms #30-1CZ or 30-4. These services should be submitted on a CMS 1500 claim form.

If you have any questions, you may contact the Claims Department at (707) 863-4130.