

P. O. Box 880639  
San Diego, CA 92168

<DATE>

<Member Name>  
<Address>  
<City, State Zip>

Dear <Member Name>:

AMENDED AUTHORIZATION FOR COVERAGE OF MENTAL HEALTH/SUBSTANCE USE  
DISORDER SERVICES

Earlier this year, we sent you an authorization with the approval number, as indicated below, for behavioral health treatment services. We are writing to inform you that, due to a planned change in Blue Shield of California's mental health service administrator (MHSA), the authorization number below will expire on December 31, 2011. You will use different arrangements to access any treatment services beginning January 1, 2012.

This change does **not** impact your Blue Shield coverage or benefits in any way. Except for this revision to the expiration date of your current authorization, **no other terms and conditions of the original authorization will change as a result of the transition, and you can continue using this authorization for treatment through December 31, 2011.**

As a reminder, your current authorization information, valid through December 31, 2011 is as follows:

Approval <Authorization #>  
Member Name<Member Name>

**Please take this letter to your clinician on your next visit.** Your clinician may also contact Blue Shield's MHSA by phone to confirm your current authorization. For dates of service through December 31, 2011, your clinician may submit claims electronically or mail the claim to:

Blue Shield MHSA  
P.O. Box 880639  
San Diego, CA 92168

If you have any questions about this current authorization, please contact us by telephone at **(877) 263-9952** [TTY/TDD: (877) 329-1669], Monday through Friday, 8 a.m. to 5 p.m., or by FAX at (619) 641-6916.

Sincerely,

Care Advocacy Staff, Blue Shield MHSA