



SANTA CLARA COUNTY
Behavioral Health Services

Supporting Wellness and Recovery

BENEFICIARY REFUND POLICY ACKNOWLEDGEMENT FORM

Reasons for a refund request for fees paid:

- The facility license is suspended or revoked
- The beneficiary did not receive the service(s) that was paid for
- The beneficiary overpaid for service(s)
- The beneficiary has Medi-Cal for Date(s) of Service(s)
- The beneficiary has private insurance for Date(s) of Service(s)

If a beneficiary believes s/he is entitled to a refund for fees paid for services based on the criteria above, the beneficiary may request a refund from the registration desk or counselor at the treatment clinic. The clinic staff will submit the refund request on the beneficiary's behalf. If entitled, the refund check will be sent to the treatment clinic for the beneficiary to pick up.

It will take approximately 6-8 weeks to process all refunds.

I, (beneficiary's name) _____, acknowledge that the Behavioral Health Services Department has explained the beneficiary refund policy and process to me.

Signature

Printed Name

Date