



HP Enterprise Services  
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July 28 , 2010

**UNISOURCE  
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Re: request for records, Amanda Davila Order # 61426-54  
Issue # 213339343

Thank you for the inquiry regarding a request for a Claims Detail Report. We have reviewed the documentation submitted and the disposition of the inquiry is as follows:

- The parent, guardian or individual with the court supported authority to act on behalf of the beneficiary who is an adult in making decisions related to health care, may fill out the form Request for Access to Protected Health Information by Parent, Guardian, or Personal Representative (DHCS form 6237). This form is available from the DHCS website: [www.dhcs.ca.gov](http://www.dhcs.ca.gov) .
- Due to HIPAA (Health Insurance Portability and Accountability Act) privacy rule, a legible copy of the beneficiary's identification card such as California Driver's License or any other document which appears to be valid and establishes identity is necessary.
- Acceptable proof of the mailing address such as utility bill, credit card bill, phone bill or similar documentation showing the beneficiary's name and address was not provided
- A payment of \$25.00 is needed to process the Request for Claims Detail Report (CDR) check/money order needs to be made payable to California Department of Health Care Service (DHCS)

If you should have any questions regarding this matter, please call the Beneficiary Telephone and Correspondence Group at (916) 636-1980.

Department of Health Care Services  
HP Enterprise Services / Communications  
P.O. Box 526018  
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