



## MRN/Demographic Update Request

- New Medical Record Number Request (MRN)
  - Demographic Update Request (DUR)
- Provide MRN for DUR: \_\_\_\_\_

DATE: \_\_\_\_\_

FAX TO: **Clerical Lead/Staff**

- |   |                    |                       |
|---|--------------------|-----------------------|
| <input type="checkbox"/> West Contra Costa Children Services    | 510.942.4601 (Fax) | 510.942.4600 (Office) |
| <input type="checkbox"/> West Contra Costa Adult Services       | 510.215.3770 (Fax) | 510.215.3700 (Office) |
| <input type="checkbox"/> Central Contra Costa Children Services | 925.646.5662 (Fax) | 925.521.5785 (Office) |
| <input type="checkbox"/> Central Contra Costa Adult Services    | 925.646.5622 (Fax) | 925.646.5480 (Office) |
| <input type="checkbox"/> East Contra Costa Children Services    | 925.608.8715 (Fax) | 925.608.8700 (Office) |
| <input type="checkbox"/> East Contra Costa Adult Services       | 925.431.2608 (Fax) | 925.431.2600 (Office) |

FROM:

(Name of Contract Agency Representative)	(Contract Agency /CBO)
(Contract Agency FAX Number)	(Contract Agency Phone Number)
Last Name (please print)	Other/previous last name (please print )

First Name (please print) \_\_\_\_\_

Other/previous first name (please print) \_\_\_\_\_

Middle Name (please print) \_\_\_\_\_

Mother's maiden name (please print) \_\_\_\_\_

Please check one:  Male  Female  Transgender

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month of birth    Day of birth    Year of birth

Social Security Number: \_\_\_\_\_

Check if not known

CIN Number: \_\_\_\_\_

**For MRN Request Only:**

Street Address:			
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">City:</td> <td style="width: 33%;">Zip Code</td> <td style="width: 33%;">Phone #</td> </tr> </table>	City:	Zip Code	Phone #
City:	Zip Code	Phone #	

**Contract Agency/CBO Staff must perform the following prior to submitting Request for MRN.**

- Performed initial PSP and Share Care screening to ensure MRN does not already exist.
- Completed Financial eligibility screening prior to submitting Request for MRN.

**Contract Agency/CBO Staff must fax the following along with the DUR for name, DOB & SSN change.**

- ID/License\*     SSN Card     Passport     Birth Certificate     Green Card     Other

**\*Medi-Cal card is not a valid ID**

**For Staff use Only**

TO: Above Requesting Agency	FROM: MRN Control Desk	
<input type="checkbox"/> DUR Completed	<input type="checkbox"/> New MRN Created	
	<input type="checkbox"/> Existing MRN Found	
MRN	BY: BH Clerical Staff (Name)	Date:
		Time: