

Electronic Delivery Confirmation™



Nicolas Hernandez
[Redacted]
[Redacted] CA 9 [Redacted]

US POSTAGE AND FEES PAID
PRIORITY MAIL IMI
Mar 06 2026
Mailed from ZIP 9 [Redacted]
1 LB PRIORITY MAIL RATE
ZONE 4
11923275
Commercial



endicia

063S0011485631



Beneficiary Service Center
PO BOX 138008
SACRAMENTO CA 95813-8008



Reference	
USPS #	9 [Redacted] 9 [Redacted] 9
USPS Mail Class	Certified with Electronic Delivery Confirmation
USPS Status	Your item has been delivered to an agent for final delivery in SACRAMENTO, CA 95813 on March 10, 2026 at 12:59 pm.
USPS History	Delivered to Agent for Final Delivery, SACRAMENTO, CA 95813, March 10, 2026, 12:59 pm Arrived at Post Office, SACRAMENTO, CA 95813, March 10, 2026, 12:29 pm Arrived at USPS Facility, SACRAMENTO CA DISTRIBUTION CENTER, March 9, 2026, 1:34 pm Arrived at USPS Facility, SANTA CLARITA CA DISTRIBUTION CENTER, March 7, 2026, 7:44 pm Accepted at USPS Facility, [Redacted], CA 9 [Redacted], March 7, 2026, 6:29 pm Shipping Label Created, [Redacted], CA 9 [Redacted], March 6, 2026, 7:43 pm

March 12, 2026

NICOLAS HERNANDEZ

[REDACTED]
[REDACTED], CA 9[REDACTED]

Re: Medi-Cal Claim Packet Received

Correspondence Reference Number C-[REDACTED]T2

Dear Client:

This letter is to inform you that the Department of Health Care Services (DHCS) has received your claim for reimbursement (refund) from the Medi-Cal program for medical, pharmacy, and/or dental expenses you paid.

DHCS will contact you if additional information is needed to process your claim. Once your claim is reviewed, you will receive a written notice within 120 calendar days that tells you whether you will be reimbursed (refunded) for the medical, pharmacy, and/or dental services that you included in your claim.

If you have any questions, please call the Beneficiary Services Center at (916) 403- 2007. For TDD/TTY telephone service, please call (866) 784-2595.

Sincerely,

California Department of Health Care Services

Enclosure

