

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
 1700 K STREET  
 SACRAMENTO, CA 95814-4037  
 TDD (916) 445-1942  
 (916) 322-7012



**ADP BULLETIN**

Title <b>Signature Card for Drug/Medi-Cal (D/MC) Invoice and the Monthly Interim Payment Claim (MIPC)</b>		Issue Date: 11-2-98  Expiration Date: 11-2-99	Issue No. <b>98-56</b>
Deputy Director Approval  Original signed by: GLORIA J. MERK, II Program Operations Division	Function [ ] Information Management [ ] Quality Assurance [ ] Service Delivery [X] Fiscal [ ] Administration	Supersedes Bulletin/ADP Letter No. <a href="#">97-56</a>	

**PURPOSE**

The purpose of this letter is to transmit the Fiscal Year 1998-99 Signature Card and its requirements for automated Monthly Claim for Drug/Medi-Cal Reimbursement and Monthly Provider Service and Revenue Summary/Monthly Interim Payment Claims. Because original signatures are required for reimbursement, the enclosed Signature Card must be completed and returned to the Department of Alcohol and Drug Programs (ADP).

**DISCUSSION**

These Signature Card forms will be kept on file at ADP and will be available to the State Controller's Office to confirm authorized payments when necessary. The Signature Card must:

- \* contain the printed name, title and original signature of the appropriate county/direct contract officers;
- \* be certified by your staff with a hard copy of the invoice/monthly interim payment claim available at all times for audit purposes; and
- \* be updated whenever one or more of the authorized officers change.

Direct Providers must complete both Signature Cards and the County must only complete the Signature Card for the automated ADP 1592 form. All Signature Cards must be completed and returned by November 15, 1998 to Jean McClinton.

**REFERENCES**

N/A

**HISTORY**

N/A

**QUESTIONS/MAINTENANCE**

If you have any questions regarding this issue, please call your Fiscal Management Branch analyst.

**EXHIBITS**

Exhibit 1: [Signature Card for Monthly Claim for Drug/Medi-Cal Reimbursement and Monthly Provider Service and Revenue Summary for Fiscal Year 1998-99](#)

Exhibit 2: [Signature Card for Monthly Interim Payment Claim for Fiscal Year 1998-99](#)

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Wagerman Associates, Inc.  
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