

**County of San Mateo
Human Services Agency**

Reply to office checked:

- 400 Harbor Blvd., Belmont 94002
Tel. # 802-5018
- 1487 Huntington Ave., SSF 94080
Tel. #877-5663
- 350 90th Street, 3rd Floor, Daly City 94015
Tel. # 301-8720
- 271 92nd Street, Daly City 94015
Tel. # 301-8440
- 1200 O'Brien Dr., Menlo Park 94025
Tel. # 599-5948



Reply to office checked:

- 2500 Middlefield Rd., RWC 94063
Tel. # 599-3811
- 2415 University Ave., EPA 94303
Tel. # 363-4218
- Medi-Cal Eligibility
222 W. 39th Avenue, San Mateo 94403
Tel. # 573-2349
- 550 Quarry Road, San Carlos 94070
Tel. # 802-6470

Date: _____

Dear _____:

Medi-Cal regulations require that you provide verification of your bank account balances in the month of application and at redetermination. Take this letter to your bank and request your present bank balance. The bottom portion of this letter can be used for their convenience.

Sincerely,

Benefits Analyst
Medi-Cal
Human Services Agency

Name of Bank _____	_____
Account Name _____	_____
Account Number _____	_____
Type of Account _____	_____
Balance as of _____	_____
(date)	
Account Balance _____	_____
_____	_____
Bank Stamp & Teller's Signature	Date