1095-B

Department of the Treasury Internal Revenue Service

Health Coverage

Do not attach to your tax return. Keep for your records. Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.

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17 Case Number	16 SANJAYKUN	(a) Name of co	Part III	1501 Capito	12 Street addre	Departmer	9 Name	Part II	8 Enter letter id	1816 E ELM ST	4 Street address	SANJAYKUMAR H PATEL	1 Name of responsible individual	Part I	
,	16 SANJAYKUMAR H PATEL	Name of covered individual	Covered Individual	ol Avenue, MS 46	12 Street address (including room or suite no.)	Department of Health Care Services		Health Coverage Issuer	entifying Origin of the Pol	ST		IAR H PATEL	nsible individual	Covered Individual	
18 Client Index Number (CIN)	###-##-5343	(b) SSN	ividual	1501 Capitol Avenue, MS 4607, P.O. Box 997417	e no.)	Services		rage Issuer	8 Enter letter identifying Origin of the Policy (see instructions for codes):					vidual	information about Form 1093-6 and its separate instructions is at www.iis-gov/ioiii.
		(c) DOB (if SSN is not available)							• C	ANAHEIM	5 City or town				-b and its sep
19 Coverag		SSN is		Sacra	13 City or town						à				drate instr
19 Coverage provided on this Form 1095-B is current as of the date below:	×	(d) Covered all 12 months		Sacramento	or town	68-0317191	10 Employer identification number (EIN)			CA	6 S	##	2 S		nctions is at w
s Form 10		Jan)1	dentificat				6 State or province	###-##-5343	2 Social security number (SSN)		9.c.i.wa
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of the d		Apr			ince	1	=						Ū		
ate belo		(e) May		958	15 G	-844-	Conta			928	7 (3 [
w:		Mont		95899-7417	ountry a	253-0	ct Teleph			92805-4342	ountry a		ate of b		
		(e) Months of coverage		17	15 Country and ZIP or foreign postal code	1-844-253-0883 or TTY 1-844-357-5709	11 Contact Telephone number			42	7 Country and ZIP or foreign postal code		Date of birth (if SSN is not available)		
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Instructions

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11/30/2020

record and request a new corrected Form 1095-B. in the upper right corner of this form. This information should be correct. If not, please contact your county human service agency to update your Part I: This section will contain the personal information from the Medi-Cal record for the person receiving health coverage for the tax year shown

Part II: This section contains the information for DHCS, who is reporting your health coverage to the IRS. You may use the contact phone number to reach a live agent at our helpdesk that will provide answers to questions you may have about this form or our reporting process.

Part III: This section will show the person's months of coverage. If the person has all twelve months of coverage, box (d) will be marked. If not, box (e) will show the separate months this person had health coverage that met the requirement for the given tax year.

560:

OMB No. 1545-2252

1095-B

Department of the Treasury Internal Revenue Service

Health Coverage

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CORRECTED	VOID

2020

30-1B4Q041	17 Case Number	16 HEENA PATEL		(a) Name of covered individual	Part III	1501 Capitol Ave	12 Street address (including room or suite no.)	Department of Health Care Services	9 Name	Part II	8 Enter letter identifyin	1816 E ELM ST	4 Street address	HEENA PATEL	 Name of responsible individual 	Part I
				ndividual	Covered Individual	enue, MS 46	ding room or suite	Health Care		Health Coverage Issuer	g Origin of the Poli				ndividual	Covered Individual
93219804F	18 Client Index Number (CIN)	###-##-6458		(b) SSN	vidual	1501 Capitol Avenue, MS 4607, P.O. Box 997417	no.)	Services		age Issuer	8 Enter letter identifying Origin of the Policy (see instructions for codes):					vidual
			not available)	(c) DOB (if SSN is							. • C	ANAHEIM	5 City or town			
11/30/2020	19 Coverage		lable)			Sacramento	13 City or town						5			
20	19 Coverage provided on this Form 1095-B is current as of the date below:	×	all 12 months	(d) Covered		nento	or town	68-0317191	10 Employer identification number (EIN)			CA	6 Sta	##	2 So	
	Form 10		Jan					1	entification				6 State or province	###-##-6458	2 Social security number (SSN)	
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	of the c		Apr				/ince	<u> </u>							_	
	ate belo		May	(e)		958	15 C	-844-	11 Contact Telephone number			928	7 (3 [
	w:		Jun	ı		95899-7417	15 Country and ZIP or foreign postal code	253-08	t Teleph			92805-4342	7 Country and ZIP or foreign postal code		3 Date of birth (if SSN is not available)	
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1095-B

Internal Revenue Service Department of the Treasury

Health Coverage

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2020	OMB No. 1545-2252	

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Part Covered Individual	vidual															
1 Name of responsible individual				2 So	2 Social security number	ity num	ber (SSN)	=	ω	Date of birth (if SSN is not available)	irth (if S	SN is no	t availat	ole)		
RIYA S PATEL				##	###-##-3334	- 333	4									
4 Street address		5 City or town		6 Sta	6 State or province	vince			7 (7 Country and ZIP or foreign postal code	and ZIP o	or foreig	n postal	code		
1816 E ELM ST		ANAHEIM		CA					92	92805-4342	42					
8 Enter letter identifying Origin of the Policy (see instructions for codes):	lcy (see instructions for codes):	C		A STATE OF THE STA												
Part II Health Coverage Issuer	rage Issuer															
9 Name			0.00	10 Employer identification number	ntificatio	on numb	er (EIN)		11 Contact Telephone number	ct Teleph	one nui	mber				4
Department of Health Care Services	Services			68-0317191				1	1-844-253-0883 or TTY 1-844-357-5709	253-0	883 o	TTY	1-84	4-357	7-570	9
12 Street address (including room or suite no.)	e no.)		13 City or town	or town		14 State or province	e or pro	vince	15 C	15 Country and ZIP or foreign postal code	nd ZIP o	r foreigr	1 postal	code		
1501 Capitol Avenue, MS 4607, P.O. Box 997417	07, P.O. Box 997417		Sacrai	Sacramento		CA			958	95899-7417	17			9		
Part III Covered Individual	vidual															
(a) Name of covered individual	(b) SSN	(c) DOB (if SSN is		(d) Covered					(e)	(e) Months of coverage	hs of co	verage				
		not available)		all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	0ct	Nov	Dec
16 RIYA S PATEL	###-##-3334			×												
17 Case Number	18 Client Index Number (CIN)	19	Coverag	19 Coverage provided on this Form 1095-B is current as of the date below:	Form 109)5-B is cı	urrent a	s of the c	late belo	¥:						
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