

Client Merge Request Form

(To be completed by the requesting provider)

Section 1: Requestor Information

- Name: _____
- Program/Agency: _____
- Email: _____
- Date: ____ / ____ / ____

Section 2: Client Information

	Client 1	Client 2
Client ID		
Full Name		
Date of Birth		
SSN (if available)		
Gender		
Enrolled Program(s)		

Section 3: Requestor Confirmation

- I confirm that Client 1 and Client 2 are the same individual.
- The duplicate account was created due to incorrect or incomplete information provided at intake.
- I have verified the client’s identity through supporting documentation, direct client confirmation, or internal records.
- I understand that merging accounts with mismatched biodata must be documented and justified.

Section 4: Comments (Optional)

Use this space to provide any clarification or relevant notes:

Section 5: Signature

By signing below, I acknowledge that the information above is accurate to the best of my knowledge and understand this merge will permanently delete client one.

Signature: _____

Date: ____ / ____ / ____

If you have any questions, you can contact us at:

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