

NOTICE OF APPEAL STATUS

Date:

Enrollee's name:

Enrollee ID Number:

This notice tells you about the appeal request you sent to _____ [health plan]. After looking at the facts in your case, we think that our first decision to deny coverage and/or payment for the service was right.

WHAT HAPPENS NEXT?

Medicare requires us to send all cases where we have not changed our decision to an independent review entity. MAXIMUS Center for Health Dispute Resolution (MAXIMUS CHDR) is the independent review entity that Medicare uses to review cases to make sure that we made the right decision.

Your appeal is being sent to MAXIMUS CHDR. You have the right to submit additional information that may be important to the review of your appeal. MAXIMUS CHDR will contact you soon to let you know where to send any additional information and about other rights that you may have.

You also have the right to get a copy of the case file that we are sending to MAXIMUS CHDR. Please call us at (____) _____ if you want to get a copy of your case file. There may be a small fee to copy your file and send it to you.

NEED MORE HELP?

Call 1-800-MEDICARE (1-800-633-4227) for help or more information about the appeals process. TTY/TDD users should call 1-877-486-2048.