



**APPEAL FOR RECONSIDERATION OF DENIAL**

Instructions for Participant: Please complete this form to request an appeal of our decision to deny, defer, or modify a service or payment of a service that you or your representative requested. Send the completed form to the address below. An impartial third party not involved in the initial decision-making process will review your appeal.

Date: \_\_\_\_\_

To: Fresno PACE  
2042 Kern Street  
Fresno, CA 93721

From: \_\_\_\_\_  
Name of Participant / Participant Representative/ Provider [Please print name]

\_\_\_\_\_  
Address & Telephone No. of the Person identified on the above line

On Behalf of: \_\_\_\_\_  
Print Participant's Name [if other than participant filing]

As a participant / representative / provider (circle one) of Fresno PACE, I hereby appeal the denial, deferral, or modification of the following service(s) or payment for service:

\_\_\_\_\_  
\_\_\_\_\_

I wish to appeal the denial, deferral, or modification of the above service(s) or payment for service(s) for the reasons indicated below: *(for example, explain why you should receive the service and how it would benefit you or why we should pay for the service).*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



If I continue to receive the disputed service until the appeals process is completed, I fully understand that I may be financially responsible for payment of the disputed service if the decision to NOT cover or reduce services is upheld or not made in my favor.

I am requesting that Fresno PACE continue to provide me with the disputed service during the appeal process: (please check box) Yes \_\_\_ No \_\_\_

*Please note: Additional pages may be attached if more space is needed*

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Signature

Date