



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: Orange County PACE
1125 N Magnolia Ave.
Anaheim, CA 92801

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 Orange County 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 Orange County 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

Signature

Date