

WHY FILE AN APPEAL?

You may file an appeal of any decision made to your grievance regarding denial or, reduction of authorized services, denial of payment or request to dispute your financial liability, services not provided in a timely manner, failure to receive resolution to your grievance in the required time frame, or change in mental health services.

HOW TO FILE AN APPEAL?

An appeal must be filed within 60 days of the date of the adverse benefit determination. You may choose to file an appeal verbally, but must be followed up by a written, signed appeal. If you choose to file a verbal appeal, please contact us at (209) 223-6412, or toll-free at (888) 310-6555. Please also complete this form. You may mail the completed form to the address on the front of this form. You may also place it in the appeal box at the front lobby of Amador County Behavioral Health. We will acknowledge your appeal within 5 days and respond within 30 days (an extension of 14 days may be possible). If you believe that waiting 30 days will cause harm or to your health or mental health, you may request an expedited appeal. If the appeal meets the standards to be expedited, we will respond within 72 hours of it being expedited.

APPEAL FORM

You may ask for a staff person or other individual to assist you with the appeal process. You may choose to have another person act on your behalf. By filing an appeal, you will NOT be subject to discrimination or any other penalty.

Appeal Expedited Appeal *ACBH use: date/time rec'd:* _____

Name _____ Date _____

Mailing Address _____ Telephone _____

Please describe the reason for appeal (feel free to use additional paper if needed)

Please suggest solution or remedy:

Signed _____