



1333 Bush Street  
San Francisco, CA 94109  
415/292-8888  
TTY: 711

### Appeal for Reconsideration of Denial

**Instructions:** 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. The Health Plan Services Department will forward this form to the Chief Medical Officer or Senior Director of Health Plan Services. The appropriate officer will ensure this form is forwarded to an impartial third party for review.

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

To: On Lok PACE  
Health Plan Services Department  
1333 Bush Street  
San Francisco, CA 94109

From: \_\_\_\_\_  
Name of Participant / Participant's Representative / Provider

\_\_\_\_\_  
Address and telephone number of the person identified above

\_\_\_\_\_  
On Lok PACE #      Center

I, \_\_\_\_\_, participant / representative / provider (circle one),  
*Name*

hereby appeal the denial, deferral, or modification of the following service(s) or payment for service:

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

for: \_\_\_\_\_  
*Name of person receiving service(s)*

for the reason(s) below:

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

Please review my request and notify me of your decision as soon as possible.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **415-292-8895** or **1-888-996-6565** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's internet website <http://www.dmhc.ca.gov> has complaint forms, IMR application forms and instructions online.

**For On Lok PACE Staff Use Only:**

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- On Lok PACE staff member who received the appeal:  
    \_\_\_ Health Plan Services Department  
    \_\_\_ Social Worker  
    \_\_\_ Other, specify: \_\_\_\_\_
- Request received by the On Lok PACE staff member identified above: Date \_\_\_\_\_ Time \_\_\_\_\_
- Health Plan Services Department notified of the appeal by telephone or e-mail:  
    Date \_\_\_\_\_ Time \_\_\_\_\_
- Health Plan Services Department sent a written acknowledgment to the participant: Date \_\_\_\_\_
- Health Plan Services Department telephoned acknowledgement of receipt to the participant:  
    Date \_\_\_\_\_ Time \_\_\_\_\_
- Health Plan Services Department sent a written notification of the decision to the participant:  
    Date \_\_\_\_\_ Time \_\_\_\_\_
- Health Plan Services Department telephoned notification of the decision to the participant:  
    Date \_\_\_\_\_ Time \_\_\_\_\_