



APPEAL FORM

**Send to: CenCal Health
Member Services Department
4050 Calle Real
Santa Barbara, CA 93110**

Fax: 805-692-1684 Toll-Free Telephone Number 1-877-814-1861

Member Name:	Birth Date:	Medi-Cal/CIN ID Number:
Street Address:		
City	State	Zip
Telephone:		
Name of Provider:		
Description of your appeal. Please provide dates, times, places and names. Use second sheet or backside if needed.		
Signature of Person Filling Out Form:		Date:

YOUR RIGHTS

You have **60 days** from the date of your "Notice of Action" (NOA) letter to file an appeal. But, **if you are currently getting treatment and you want to continue getting treatment, you must ask for an appeal within 10 days** from the date the NOA letter was postmarked or delivered to you, OR before the date your health plan says services will stop. You must say that you want to keep getting treatment when you file the appeal. You may file an appeal yourself. Or, you can have a relative, friend, advocate, doctor, or attorney file the appeal for you. You can send in any type of information you want your health plan to review. A doctor who is different from the doctor who made the first decision will look at your appeal.

Your health plan has 30 days to give you an answer. At that time, you will get a "Notice of Appeal Resolution" letter. This letter will tell you what the health plan has decided. **If you do not get a letter within 30 days, you can ask for a "State Hearing" and a judge will review your case.** Please read the section below for instructions on how to ask for a State Hearing.

YOUR RIGHT TO REQUEST A STATE HEARING

If you filed an appeal and received a "Notice of Appeal Resolution" (NAR) letter telling you that your health plan will still not provide the services, or **you never received a letter telling you of the decision and it has been past 30 days**, you can ask for a "State Hearing" and a judge will review your case. You will not have to pay for a State Hearing.

You must ask for a State Hearing within **120 days** from the date of the "Notice of Appeal Resolution" letter. You can ask for a "State Hearing" by phone or in writing:

By phone: Call **1-800-952-5253**. This number can be very busy. You may get a message to call back later. If you cannot speak or hear well, please call **TTY/TDD 1-800-952-8349**.

By Mail: Your request for a "State Hearing" should be mailed to the State Department of Social Services, State Hearing Division, Post Office Box 944243, Mail Station 9-17-37, Sacramento, CA 94244-2430.