

Notice of Right to an Expedited Grievance

Date:

Enrollee Name:

Enrollee ID Number:

You Have the Right to an Expedited (Fast) Grievance

You have the right to file an expedited (fast) grievance if: [Check the appropriate item below]

_____ You asked for a fast decision on a service, and we decided to process it under our regular (non-expedited) time frame. We will give you a fast decision if you resubmit it with a supporting statement from your doctor.

_____ You asked for a fast appeal for a service, and we decided to process it under our regular (non-expedited) time frame. We will give you a fast decision on your appeal if you resubmit it with a supporting statement from your doctor.

_____ We need up to 14 more days to decide on your request for a service. [Insert reason for taking an extension; e.g., extra days needed to review additional information, etc.]

_____ We need up to 14 more days to consider your appeal for a service. [Insert reason for taking an extension; e.g., extra days needed to review additional information, etc.]

NOTE: When you request a fast grievance, we will make a quick decision on your request and notify you within 24 hours.

How to File an Expedited (Fast) Grievance

Call us at {insert phone number of health plan contact} to file an expedited grievance or get more information.

You can also call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week, for more information about the expedited grievance process. TTY users should call 1-877-486-2048.