

Insert Logo Here	Address City, State, Zip Telephone (TTY/TDD)
------------------	---

{Date}

{Participant Name and/or representative}
 {C/o Participant Name}
 {Address}

Re: Acknowledgement of Receipt of Appeal

Dear {insert name}:

This letter is to inform you that [PACE Program] received your appeal disputing the action taken by us to deny, defer, or modify a request for service or payment for a service. [Insert brief summary of participant's appeal and date on which appeal was received]. We take your appeal very seriously. Your appeal will be reviewed by an impartial third party who was not involved in the original action and who does not have a stake in the outcome of the appeal. Please note that the information in the appeal is confidential.

You will receive written notification of our decision within thirty (30) calendar days from {insert date that appeal was received}. If you feel that waiting thirty (30) calendar days represents a serious health threat, we will expedite the review process to a decision of 72 hours of receiving your appeal. You may contact the following person(s) for more information about your appeal:

Contact person(s): {if different from the name given below}

Phone number(s): {if different from the number given below – include TTY for the hearing impaired and toll-free number(s) as applicable}

If you have questions or additional information that you feel is relevant to this review of your appeal, you or your representative may present it in person, by telephone, or in writing to {insert PACE designee's name and address}.

Thank you for working with us to resolve this matter.

Sincerely,

[Medical Director] OR
 [Program Director]

/enclosure