

[Insert Logo Here]

Address
City, State, Zip
Telephone
(TTY/TDD)

NOTICE OF APPEAL RESOLUTION

{Date}

{Participant's/ Representative's Name}
{C/o Participant}
{Address}

Re: Resolution of Your [Standard or Expedited] Appeal

Mr/s. {Name}

This letter is to notify you of the resolution of the appeal you filed with {PACE Program} on {insert date} related to {insert brief description of appeal}. Please note that any personal information in the appeal is confidential.

After careful evaluation of your request, [PACE Program] has approved your requested [service or payment]. [PACE Program] will [continue or provide the service or provide payment for the service] by [insert date]. At this time, we consider the appeal resolved and the case closed.

Thank you for working with us to resolve this appeal. If you have any additional questions, do not hesitate to contact [Contact Person and phone number]. For the hearing impaired (TTY/TDD), please call [insert number].

Sincerely,

[Medical Director OR Program Director]

cc: [Treating Provider (if applicable)]