**Automatic Appeal Cover Note**

[*This Cover Note must be completed and sent via secure email, along with a PDF copy of the appeal case file, to:* [*otda.sm.FIDA.Integrated.Appeals.Office@otda.ny.gov*](mailto:otda.sm.FIDA.Integrated.Appeals.Office@otda.ny.gov)*. This email should be sent to IAHO as expeditiously as possible, but no later than within two business days of the plan’s level 1 appeal decision.*]

**To:** Integrated Administrative Hearings Office

**From:** <FIDA PLAN NAME>

<CONTACT PERSON> <CONTACT PERSON SUPERVISOR>

<EMAIL><PHONE><FAX> <EMAIL><PHONE><FAX>

<MAILING ADDRESS> <MAILING ADDRESS>

**Effective Date:** <EFFECTIVE DATE> [*Insert date action to go into effect*]

**Notice Date:** <NOTICE DATE> [*Insert postmark date of the action notice*]

**Appeal Date:** <APPEAL DATE> [*Insert date that participant appeals the action*]

**Decision Date:** <DECISION DATE> [*Insert date the Plan makes Level 1 Appeal decision*]

**Send Date:** <SEND DATE> [*Insert date the Plan sends the case to IAHO*]

**Appellant:** <PARTICIPANT NAME>

<SSN><CIN>

<EMAIL><PHONE><FAX>

<MAILING ADDRESS>

[*Insert if participant has a representative:*

**Representative:** <REPRESENTATIVE NAME>

<EMAIL><PHONE><FAX>

<MAILING ADDRESS>]

**At Issue:** <FHIS SERVICE/BENEFIT CODE(S)> [*Insert all FHIS Service/Benefit Codes that apply to this case; a table containing the codes is included in an attachment to this document*]

**Case type:** <FHIS PROCEDURE CODE(S)> [*Insert all FHIS Procedure Codes that apply to this case; a table containing the codes is included in an attachment to this document*]

**Pages:**  <NUMBER OF PAGES ATTACHED>