

Model Notice of Case Status

<Date>

<Enrollee Name>

Enrollee ID Number: <insert number>

<Street Address>

<City, State Zip Code>

Case Number: <insert number>

Dear <insert enrollee name>:

This letter is to let you know that your request for a *[insert appropriate term: standard initial decision for benefits, standard initial decision for reimbursement, fast initial decision, standard appeal, or fast appeal]* was forwarded to an independent organization for review on <insert date>.

[For a "standard initial decision" request for benefits: Your case file was forwarded to an independent review organization because we didn't give you an answer within 72 hours after we got your request.]

[For a "standard initial decision" request for reimbursement: Your case file was forwarded to an independent review organization because we didn't give you an answer within 14 days after we got your request.]

[For a "fast initial decision" request: Your case file was forwarded to an independent review organization because we didn't give you an answer within 24 hours after we got your request.]

[For a "standard" appeal for benefits: Your case file was forwarded to an independent review organization because we didn't give you an answer within 7 calendar days after we got your appeal.]

[For a "standard" appeal for reimbursement: Your case file was forwarded to an independent review organization because we didn't give you an answer within 14 calendar days after we got your appeal.]

[For a "fast" appeal: Your case file was forwarded to an independent review organization because we didn't give you an answer within 72 hours after we got your appeal.]

Since we didn't give you an answer in the required time frame, we're required by law to forward your case file to an independent review organization within 24 hours. The independent review organization has a contract with Medicare and no connection to us.

What to do next

You have the right to ask us for a copy of your case file that we sent to the independent review organization. *[Plan sponsor must indicate if there is a charge for the copy.]*

You also have the right to submit additional evidence about your case. If you choose to submit additional evidence, mail or fax it as soon as possible to the independent review organization at *<address><fax>*.

If you have questions, or to ask for a copy of your case file, contact *<Plan sponsor name>* Customer Services at *<toll-free number> <days and hours of operation>*. TTY users can call *<toll-free TTY number>*.