

## **Model Notice of Appeal Status**

### **Your Appeal Status**

Date:

Enrollee's name:

Enrollee ID Number:

This notice tells you about the appeal request you sent to [health plan].

We looked at the facts in your case, and decided that our first decision to deny coverage and/or payment for the service was right.

### **What happens next?**

Medicare requires us to send your case to MAXIMUS Federal Services, Inc. to make sure we made the right decision. MAXIMUS is an independent reviewer.

You have the right to submit additional information that may be important to the review.

MAXIMUS will contact you soon to let you know where to send any additional information and about other rights you may have.

You have the right to get a copy of the case file we are sending to MAXIMUS. Call us at (phone number) to get a copy of your case file. There may be a small fee to copy your file and send it to you.

### **Need more help?**

Call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week, for help or more information about the appeals process. TTY users should call 1-877-486-2048.