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 inform you 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 did not provide you with an answer within 72 hours after receiving your request.]

[*For a "standard initial decision" request for reimbursement*: Your case file was forwarded to an independent review organization because we did not provide you with an answer within 14 days after receiving your request.]

[*For a "fast initial decision" request*: Your case file was forwarded to an independent review organization because we did not provide you with an answer within 24 hours after receiving your request.]

[*For a "standard" appeal for benefits*: Your case file was forwarded to an independent review organization because we did not provide you with an answer within 7 calendar days after receiving your appeal.]

[*For a "standard" appeal for reimbursement*: Your case file was forwarded to an independent review organization because we did not provide you with an answer within 14 calendar days after receiving your appeal.]

[*For a "fast" appeal*: Your case file was forwarded to an independent review organization because we did not provide you with an answer within 72 hours after receiving your appeal.]

The law requires us to forward your case file to an independent review organization within 24 hours if we do not provide you with an answer within the required time frame. The independent review organization has a contract with Medicare and has no connection to us. You have the right to ask us for a copy of your case file that we sent to this organization. [*Plan sponsor must indicate if there is a charge for the copy.*]

You have the right to submit additional evidence about your case. If you choose to submit additional evidence, you should send it promptly to the independent review organization at *<address><fax>*.

If you have any questions, or if you would like to request a copy of your case file, please contact Customer Services at *<toll-free number> <days and hours of operation>*. TTY users should call *<toll-free TTY number>*.

Thank You,
<Plan sponsor name>