

Model Notice of Appeal Status

Your Appeal Status

Date:

Enrollee name:

Enrollee ID Number:

This notice is 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 correct.

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're 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.

Get help or more information

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 can call 1-877-486-2048.