



**COUNTY OF SAN LUIS OBISPO
HEALTH AGENCY
BEHAVIORAL HEALTH DEPARTMENT**
Michael Hill, Health Agency Director
Anne Robin, LMFT Behavioral Health Director

**NOTICE OF ADVERSE BENEFIT DETERMINATION
About Your Treatment Request**

Date:

has asked County of San Luis Obispo Behavioral Health Department to approve payment for the following service(s), which you already received:

We have denied your provider's request for payment. The reason for the denial is:

Please note:

This is not a bill for the service. You are not required to pay for the services you received.

You may appeal this decision if you think it is incorrect. The enclosed "Your Rights" information notice tells you how. It also tells you where you can get help with your appeal. This also means free legal help. You are encouraged to send with your appeal any information or documents that could help your appeal. The enclosed "Your Rights" information notice provides timelines you must follow when requesting an appeal.

You may ask for free copies of all information used to make this decision. This includes a copy of the guideline, protocol, or criteria that we used to make our decision. To ask for this, please call SLOBHD Central Health Information at (805) 781-4724.

If you are currently getting services and you want to keep getting services while we decide on your appeal, you must ask for an appeal within 10 days from the date on this letter or before the date the Plan says services will be stopped or reduced.

SLOBHD staff can help you with any questions you have about this notice. For help, you may call SLOBHD from 8-5, M-F at 1-800-838-1381 or the Patients' Rights Advocate at (805) 781-4738. If you have trouble speaking or hearing, please call 1-800-838-1381 or TTY/CRS 1-800-735-2922 , between 8-5, M-F for help.

If you need this notice and/or other documents from the SLOBHD in an alternative communication format such as large font, Braille, or an electronic format, or, if you would like help reading the material, please contact SLOBHD by calling 1-800-838-1381 or the Patients' Rights Advocate at (805) 781-4738.

If SLOBHD does not help you to your satisfaction and/or you need additional help, the State Medi-Cal Managed Care Ombudsman Office can help you with any questions. You may call them Monday through Friday, 8am to 5pm PST, excluding holidays, at 1-888-452-8609.

This notice does not affect any of your other Medi-Cal services.

Staff Signature

Enclosures: "Your Rights"
Language Assistance Taglines
Beneficiary Non-Discrimination Notice