



Date:

Assigned Clinic Contact Info:

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

RE:

_____ has asked County of San Luis Obispo Health Agency to approve payment for the following service, which you already received: _____. The Plan has 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 County of San Luis Obispo Health Agency at 800-838-1381.

The Plan can help you with any questions you have about this notice. For help, you may call County of San Luis Obispo Health Agency Monday thru Friday 8am to 5pm at 800-838-1381. If you have trouble speaking or hearing, please call TTY/TTD number 800-735-2922, between Monday thru Friday 8am to 5pm for help.

If you need this notice and/or other documents from the Plan 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 County of San Luis Obispo Health Agency by calling 800-838-1381.

If the Plan 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.

Enclosed:

- Your Rights under Medi-Cal Managed Care
- Language Assistance Taglines
- Member Non-Discrimination Notice