

PROVIDER NOTICE OF ADVERSE BENEFIT DETERMINATION

Current Date

Si tiene alguna pregunta, necesita ayuda con su apelacion, o necesita un interprete para ayudarle, llame Optum gratis **1-877-370-8953**. Pida hablar con alguien en Optum.

[CLIENT FIRST, LAST NAME OR LEGAL GUARDIAN]

[CLIENT ADDRESS]

[CITY, ST ZIP]

Dear [CLIENT NAME OR LEGAL GUARDIAN]:

On [DATE OF DETERMINATION], [NAME OF PROVIDER/AGENCY] decided to [END, PUT ON HOLD, DECREASE] [TYPE OF SERVICES (I.E. OUTPATIENT SERVICES)]. We made this decision because [GIVE REASON IN SIMPLE TERMS]. This decision is effective as of [DATE SERVICES WILL END, BE PUT ON HOLD, OR DECREASE].

If you are unhappy with this decision, you can ask the Salt Lake County Division of Behavioral Health Services (DBHS) for a review. Asking for this review is called an appeal.

To file an appeal, follow the steps on the instruction sheet enclosed with this letter.

If you have any questions, need help with your appeal, call Optum at 1-877-370-8953.

Ask to talk with someone about this Notice of Adverse Benefit Determination.

Sincerely,

[NAME], [CREDENTIALS, IF APPLICABLE]

[TITLE]

Enclosures: Instructions for Filing an Appeal
Appeal Request Form