



IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS

Your Right to Appeal this Decision: If you do not agree with this decision, you may file an appeal. An appeal is a review performed by people independent of those who have reviewed your claim so far. The next level of appeal is called reconsideration. A reconsideration is a new and impartial review performed by a company that is independent from Welborn Health Plans.

How to Appeal: To exercise your right to an appeal, you must file a request in writing within 60 days for a Medicare Advantage plan, or 60 days for Medicare Plus plan, of receiving this letter. Under special circumstances, you may ask for more time to request an appeal. You may request an appeal by using the form enclosed with this letter.

If you do not use this form, you *can* write a letter. You must include: your name, your signature, the name of the beneficiary, the Medicare number, a list of the service(s) or item(s) that you are appealing and the date(s) of service, and any evidence you wish to attach. You must also indicate that Welborn Health Plans made the redetermination. You may also attach supporting materials, such as those listed in item 10 of the enclosed Redetermination Request Form, or other information that explains why this service should be paid. Your doctor may be able to provide supporting materials. If you want to file an appeal, you should send your request to:

Welborn Health Plans
Appeals Department
101 S.E. Third St.
Evansville, IN 47708

Who May File an Appeal: You or someone you name to act for you (your appointed representative) may file an appeal. You can name a relative, friend, advocate, attorney, doctor, or someone else to act for you.

If you want someone to act for you, you may visit <http://www.medicare.gov/basics/forms/default.asp> to download the "Appointment of Representative" form, which may be used to appoint a representative. Medicare does not require that you use this form to appoint a representative. Alternately, you may submit a written statement containing the same information indicated on the form. If you are a Medicare enrollee, you may also call 1-800-MEDICARE (1-800-633-4227) to learn more about how to name a representative.

Other Important Information: If you want copies of statutes, regulations, policies, and/or manual instructions CMS used to arrive at this decision, or if you have any questions specifically related to your appeal, please write to us at the following address and attach a copy of this letter:

Welborn Health Plans
A Medicare Contractor
101 S.E. Third St.
Evansville, IN 47708

Resources for Medicare Enrollees: If you want help with an appeal, or if you have questions about Medicare, you can have a friend or someone else help you with your appeal. You can also contact your State health insurance assistance program (SHIP). You can find the phone number for your SHIP in your “Medicare & You” handbook, under the “Helpful Contacts” section of www.medicare.gov Web site, or by calling 1-800-MEDICARE (1-800-633-4227). Your SHIP can answer questions about payment denials and appeals.

You can also find information in your Evidence of Coverage (EOC) under the following chapters.
Chapter 2: Important phone numbers and resources
Chapter 9: What to do if you have a problem or complaint (coverage decisions, appeals complaints)

For general questions about Medicare, you can call 1-800-MEDICARE (1-800-633-4227),
TTY/TDD: 1-877-486-2048.

Remember that specific questions about your appeal should be directed to the contractor that is processing your appeal.

