



Behavioral Health
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NOTICE OF ADVERSE BENEFIT DETERMINATION—FINANCIAL LIABILITY

About Your Financial Liability

Date

Beneficiary's Name
 Address
 City, State Zip

Treating Provider's Name
 Address
 City, State Zip

RE: Service requested

Humboldt County Mental Health Plan has denied your dispute of financial liability regarding:

insert a description of the disputed financial liability (e.g., cost-sharing, co-insurance, other liabilities).

This is because:

Using plain language, insert a clear and concise explanation of the reasons for the denial. If further information is need, indicate what further information is needed and/or additional steps need be taken, if necessary.

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 Humboldt County Mental Health Plan at 707-268-2955.

The Plan can help you with any questions you have about this notice. For help, you may call Humboldt County Mental Health Plan between 8:00 AM and 5:00 PM at 707-268-2955. If you have trouble speaking or hearing, please call TTY/TTD number 1-800-735 2922.



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 Humboldt County Mental Health Plan by calling 707-268-2955.

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.

Signature Block

Enclosed: Your Rights
 Language Assistance Taglines
 Beneficiary Non-Discrimination Notice

(Enclose notices with each letter)

