



Behavioral Health
Emi Botzler-Rodgers, MFT, Director
720 Wood Street, Eureka, CA 95501
phone: (707) 268-2990 | fax: (707) 476-4049

NOTICE OF ADVERSE BENEFIT DETERMINATION—PAYMENT DENIAL

About Your Treatment Request

Date

Beneficiary's Name
Address
City, State Zip

Treating Provider's Name
Address
City, State Zip

RE: Service requested

Name of requesting provider has asked Humboldt County Mental Health Plan to approve payment for the following service, which you already received:
Service requested. The Plan has denied your provider's request for payment.
The reason for the denial is:

Using plain language, insert: 1. A clear and concise explanation of the reasons for the decision; 2. A description of the criteria or guidelines used, including a citation to the specific regulations and authorization procedures that support the action; and 3. The clinical reasons for the decision regarding medical necessity.

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

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 your mental health plan says services will be stopped or reduced.



DHHS Administration
phone: (707) 441-5400
fax: (707) 441-5412

Public Health
phone: (707) 445-6200
fax: (707) 445-6097

Social Services
phone: (707) 476-4700
fax: (707) 441-2096

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)

