

■ixitbeBjeFsarTuk

Btáman smaCik

eQuahsmaCik (nam`tkUI)	(namxâçn)	Ex <input type="checkbox"/> <input checked="" type="checkbox"/>	kalbrieiTcab'~btibti btifji	Ex <input type="checkbox"/> <input checked="" type="checkbox"/>
Gasyd'an (vifl)	(Ti`kug)	(rd½)	(elxh§lbkUd)	
elxTurs&Bæ (pæH)	(kEnÂgeFâlkar)		cMnYn«KMeragsmaCik~g'Kysar, rab'bjéélTaMgsmaCikeFâlsarTukâ	
eQuah «nnmus\$EdlbMeBi`k das bM eBjenH, ebIxusEbâkBeQuahsmaCik		(Turs&BæeBl <input checked="" type="checkbox"/>		

etlbjúVnekiteLigenATINA? (eQuah «Ósfd'an, mnælreBT' Émnælrbinit'eraK)	kalbrieiT <input type="checkbox"/> Ex <input checked="" type="checkbox"/> <input type="checkbox"/>
etG-kNaEdlVncUI`bLékTnæw mnwg G-k? (p eQuah «nbuKölikEdicUl'bLék, eblmanTiPaB)	karekltehu:

sUmerobrabiG Ái@ EdlVnekiteLig [VnCal'lak'tamiTiPaBeFâlViN : (rab'TaMgdVeNirbnjK~a~n BwtkarN_ 'BmTaMgetlbJuaVnb'HJl'dl'G-kedayya'gN a?

s Umemlikardak'PØab'

"ksYcat'EgsuxaPiVI (Department of Managed Health Care – DMHC) KWmanPar.kicí sllab'dak'kMrtd kicíkarKltagEfTaMsuxPaB ebIG-k mansaTukâGâlmYta s'nwg BSCPH CadMbUgbMpG-kKYEtT rs&BætBSCPH tamelx **1-800-605-2556** (rläG-kman `teco k Fñ tamelx TDD/ TTY **1-877-735-2929**) ehly "tiblrebobeFâlsarTukâbsKMeragenah munniTak'Tg eTA DMHC. kareblrebobeFâlsarTukâns Klinham Xat'nusviTii'sbc'ab'GâlmYyEdlGacykmke`bIVn ÉdlNaH'sayG|||dGacmanslab'G-keLiy . ebl G-k|||tuvkar[C]YedaH'saysaTukâdICa'bTak'Tgn] PaBGasn~ ÉsaTukâGâlmYyEdlKlragrbs'G-kminTan' VnedaH'say[Kab'cit]enAeLIy ÉsaTukâGâlmYyEdl enAEminTan'edaH'sayr'ceIlisBlclYn 30 «f© G-kGac Turslæ DMHC edlmøTTYI|||Y . G-kk'Gacman siTisbkarBinit'eLlgvi jedayevCØbNë itda c'EL k (Independent Medical Review – IMR) pgEdr . rebob'n IMR nijp|||karBinit'eLlgvi jedaymin IMeGog nÜvkarsllicB'aVI s uxPaBE dlVneFâl edayKlrgsuxPaB CabTak'TgxageBT'saâsacaM Vc' «ns|||Nkarbilel ÉkarB'aVI ÉB kara'bigsllab'karB'aVIEdlCakarBiesaFn_ Ék- . IkÅN:CakaréslubGeg Ôt nigTl:sGIBkarbg'VK' sMrab'karEfTaMsuxPaBenA'KaGasn~ ÉCabanæ .

"ksYcat'EgsuxaPiVI **K'maneIxTurs&Bæe2te cj (f1-888-466-2219)** nijEx§ TDD **(1-877-688-9891)** sllab'G-kman `teco knigs|||F||| . râvibus rbs'ksYgKW <http://wwwdmhc.ca.gov> enATlenHK|||an lxithe Bjdlkj lixitb|||bj IMR nigmanesckn 1!Nnalg .

kicíkarEdles~IsuM[eFÃl

etG-kcg'eXlj[VneFâlGâlxâHs'IGMBIbjuaenH ?	s Umemlikardak'PØab'		
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kareFâlsarTukâVn TTYlenA :	pa'lxâçn <input type="checkbox"/>	
	tamTurs <input type="checkbox"/>	htÄelxarbs'smaCik (tamEtic og') kalbrieiT



kalbrieclTVnTTYI:	eBlema"gVnTTYI	
	tamsllit tamGineFINit	xÆ-My!fa KMeragnwgTak'TgmkxÆ~M enAk~¬gry:eBIsamsib (30) «f© edImøp¶l' rVykarN_ [×Æ~M s¶ølkaresulbGe grbs'eK nig/É karcat'viFankarCab'Tak'TgnwgkartjEtrrbs'xÆ~M .



Promise
Health
Plan

sUmerobrabBG@EdIVnektteLlq :

kicÍkarEdles~lsuM[eFÃl :

(OFFICIAL USE ONLY)

OUTCOME/RESOLUTION:

(Complete only if an Expedited Appeal)

Member was acknowledged verbally and notified of the 72 hours appeal process: Yes No

Grievance Received by:

Date Received: