

Notice of Right to an Expedited Grievance

Date:

Enrollee Name:

Enrollee ID Number:

You Have the Right to an Expedited (Fast) Grievance

When you ask for a fast grievance, we'll make a quick decision on your request and notify you within 24 hours.

You have the right to file an expedited (fast) grievance because: [Check the appropriate item below]

- ☐ You asked for a fast decision or appeal on a service, and we decided to process it under our regular (non-expedited) time frame. We'll give you a fast decision if you resubmit it with a supporting statement from your doctor.
- ☐ We need up to 14 more days to decide on your request or appeal for a service. [Insert reason for taking an extension; e.g., extra days needed to review additional information, etc.]

How to file an expedited grievance

Call us at {insert phone number of health plan contact} to file an expedited grievance or get more information.

You can also call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week, for more information about the expedited grievance process. TTY users can call 1-877-486-2048.