

MARKETPLACE MEMBER/PROVIDER



Date

Provider/Member Name

Attn:

Address

City, State, Zip Code

Patient Name:

Member ID#:

Date of Service:

Denial DOS:

Claim #:

Appeal Rec. Date:

Appeal Reason:

To Whom It May Concern,

We have completed our investigation of your appeal request for the above mentioned member for dates of services \_\_\_\_\_.

The appeal was reviewed by a Physician Board Certified in, who was not involved in the original determination. .we have decided to uphold our original decision. We have included the physician's basis and the criteria used in making this determination:

***Principal Reason:***

***Clinical Rationale:***

***The Clinical Criteria Used:***

A copy of the criteria used to make this decision is available upon request by calling Member Services at 713-295-2294.

You have exhausted the internal appeal's process with Community Health Choice.

We trust that this explains our decision and if you have any questions or need additional information, please do not hesitate to consult our appeals web site at [www.communitycares.com](http://www.communitycares.com). Please refer to case **(enter case #)** when checking on this appeal.

### **Specialty Review**

Your health care provider may request a Specialty Review no later than 10 working days from date of this letter. The health care provider must be of the same or similar specialty. To request the Specialty Review Process, please refer to the attachments enclosed in this letter.

### **Independent Review Organization**

If the member, the member's health care provider or someone acting on the member's behalf disagree with our appeal decision, you have the right to an IRO review. If you wish to request the Independent Review Process (IRO), please refer to the attachments enclosed in this letter.

If you would like to file a complaint about the due process regarding appeals, you may call or write the Texas Department of Insurance:

Texas Department of Insurance  
Consumer Protection (MC 111-1A)  
P.O. Box 149091  
Austin, Texas 78714-9091  
Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)  
Phone: (800) 252-3439  
Fax: (512) 490-1007

If you have any questions, please call our Member Services Department.

713-295-2294  1-888-760-2600  TDD – 1-800-518-1655

Sincerely,

Cc: