Behavioral Health Department
Alameda County Health

Karyn Tribble, PsyD, LCSW
Director

NOTICE OF ADVERSE BENEFIT DETERMINATION-Timely Access
About Your Treatment Request

Date

Beneficiary's Name
Address
City, State Zip

Treating Provider's Name
Address
City, State Zip

RE: Service Requested

You or your provider [Name of requesting provider has asked Plan to obtain or approve Service requested. The Plan or Name of requesting provider has not provided services within number of working days. Our records show that you requested service(s), or service(s) were requested on your behalf on date requested.

We apologize for the delay in providing timely services. We are working on your request and will provide you with Service requested soon.

You may appeal this decision. 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.

The Plan can help you with any questions you have about this notice. For help, you may call Plan hours of operation at Plan's Member Services telephone number. If you have trouble speaking or hearing, please call TTY/TTD number TTY/TTD number, between hours of operation for help.

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 Plan by calling telephone number.

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.

Signature Block

Behavioral Health

Enclosed “Your Rights”
Language Assistance Taglines
Beneficiary Non-Discrimination Notice

Enclose notice with each letter

2000 Embarcadero Cove, Oakland, CA 94606, Suite 400 | Health.AlamedaCountyCA.gov/ACBHD | 1-510-567-8100 (TTY: 1-510-533-5018)