**Sample Appeal Forwarded to Other Agency Letter**

**Insert Letterhead**



January 26, 2018

[MEMBER NAME]

[MEMBER ADDRESS 1]

[MEMBER ADDRESS 2]

[CITY] [STATE] [ZIP]

Dear [MEMBER NAME]:

We received your appeal request for:

[APPEAL ACTION]

We are not the agency to decide this appeal. We have forwarded it to [PROPER AGENCY] because they handle these appeals. You will hear from them soon. All appeals have a 30-day time frame to be decided but may take another 14 days if more time will help you. Your appeal should be decided by [DUE DATE].

If you have any questions, please feel free to call [PROPER COORDINATOR] at [PHONE NUMBER] Monday through Friday, except holidays.

The Office of the Health Care Advocates may be able to help you with your appeal. They can be reached at 1-800-917-7787 or on the web at: vtlawhelp.org/health

Sincerely,

[Staff Name]

Grievance and Appeal Coordinator

cc: File

 Other Agency Coordinator Appeal Other Agency Forward Letter