**Sample Appeal Acknowledgment Letter**



**Insert Letterhead**



January 26, 2018

[MEMBER NAME]

[MEMBER ADDRESS1]

[MEMBER ADDRESS2]

[CITY], [STATE] [ZIP]

Dear [MEMBER NAME]:

We received your appeal filed on [DATE] for:

[ACTION]

We will hold a meeting to review the decision you are appealing. We will send you another letter letting you know when this meeting will take place. You may attend this meeting in person or by phone (toll-free). You may also ask your doctor or another person to attend the meeting by phone or in person. The appeal process should not take longer than 30 days, but may take another 14 days if more time will help you.

If you have any questions about your appeal or would like to take part in the meeting, you may contact me at [INSERT PHONE NUMBER] Monday through Friday, except holidays. You may send any additional information to me. If your doctor will be sending more information, please have him or her do so as soon as possible.

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

Sincerely,

[Staff Name]

Grievance and Appeal Coordinator Appeal Acknowledgement Letter