

-By fax:

123-456-7890

-By phone:

1-800-123-4567

-By email:

[appeals@northwindhealth.com](mailto:appeals@northwindhealth.com)

### Processing Your Appeal or Grievance

Once your appeal or grievance is received, Northwind Health will begin the review process. You will receive written confirmation that your appeal or grievance has been received. Your appeal or grievance will be assigned to a case manager, who will contact you if additional information or clarification is needed.

Northwind Health will make a decision regarding your appeal or grievance within 30 days. You will be notified of the decision in writing. If the appeal or grievance was approved, you will receive a detailed explanation of the decision. If the appeal or grievance was denied, you will receive a detailed explanation of the decision, including the right to review the decision and submit additional information.

### Additional Information

If you need assistance filing an appeal or grievance, you can contact Northwind Health's Member Services department at 1-800-123-4567.

It is important to note that Northwind Health is not responsible for any services or benefits provided to you by any other health care provider or plan. For example, if you received a service or benefit from a non-network provider, Northwind Health will not be responsible for any costs associated with that service or benefit.

In some cases, you may have the right to an external review of your appeal or grievance. If you have exhausted the appeals process within Northwind Health and you believe that your appeal or grievance was not adequately addressed, you can contact your state's insurance department or the federal Department of Health and Human Services for more information about the external review process.

## OTHER INFORMATION ABOUT THIS PLAN

### Conformity With The Law

OTHER INFORMATION ABOUT THIS PLAN: Conformity With The Law