**Appendix 7 - (Model) Notice of Plan's Decision to Extend the Deadline for Making a Decision Regarding a Grievance**

**(Rev. 1, 11/30/05)**

<Date>

Member Name

Street Address

City, State Zip Code

Member ID Number: <111-11-1111A>

Dear <Insert name>:

This letter is in response to your grievance (complaint) that you filed with us on <insert date>.

Based upon our review, we are extending the time frame for making a decision until <insert date> because <*Plan should list reason for extension, i.e., if the enrollee requested the extension* ***or*** *if the Plan needs more information. If the Plan needs more information, the Plan* ***must*** *also detail how the delay is in the best interest of the enrollee*>.

If you have any questions, please contact Customer Services at <toll-free number> <days and hours of operation>. TTY/TDD users should call <toll-free TTY number>.

Thank you for your concern.

<Plan name>