

NOTICE

You May Appeal Your Denial of Medical Care By Requesting An Independent Review

If you have followed the grievance procedures of your managed care company and your care is still denied, you may request that an independent organization review your case.

To request an Independent Review you must provide the following information, in writing, to the Georgia Department of Community Health at the address below.

Name of person seeking treatment:
If individual is a minor, provide name of parent or legal guardian authorized to act on behalf of the minor:
Address:
Phone Number:
Name of Health Benefit Plan:
Type of Benefit Plan (e.g. HMO, PPO, Self-Insured, or Indemnity)
Policy Number:

Mail the above information and a copy of the notice you received from your managed care company, which denies your treatment/services to:

**Attention: Independent Review Requests
Office of General Counsel/Division of Health Planning
Georgia Department of Community Health
2 Peachtree Street, NW; 5th Floor
Atlanta, GA 30303-3142**