Phone: (719) 314-2327
Toll Free: (855) 207-0702
RMPace.org

Rocky Mountain PACE

Request to Appeal Form

Please complete this form if you wish to utilize an impartial Third-Party Reviewer to appeal the denial decision made by the Rocky Mountain PACE Interdisciplinary Team.

Instructions:

Complete and mail or fax this form, along with any supporting documents to:

Rocky Mountain PACE
Attn: Quality and Compliance Department
8595 Explorer Drive, Colorado Springs, CO 80920

OR fax the form and supporting documents to (719) 314-0077, Attention: Quality and Compliance Dept. by the appeal deadline on the Service Request Letter.

Contact Information:

Participant Name:		
Appeal Deadline: *(See Service Request Letter)*		
Person Filing Appeal:	☐ Participant ☐ Representative, *if applicable*	
Name of Representative: *(If not the Participant)*		
Best Daytime Phone:		
Alternate Phone:		
Address:		

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Appeal Options:		
1.	Do you wish to present your case orally to the Third-Party Reviewer?	☐ NO ☐ YES
	*If YES, who will present to the reviewer?	☐ Participant ☐ Representative
	If phone is different than above, indicate here:	

2.	Do you feel you need an expedited review is needed because "your life, health, or ability to regain maximum function would be severely jeopardized, absent of the provision of the service in dispute?"*	☐ NO ☐ YES
	If Yes, Please explain why:	
	refer to Notice of Appeals Process for more information	

3.	Do you request to continue any current services that are in dispute during the appeal process?	☐ NO ☐ YES ☐ Not Applicable
	*If Yes, remember that if the Appeal Review agrees with the denial, you may be liable to pay for the disputed services you received during the appeal.	

Appeal Statement:
If you wish to submit a written statement for the Third-Party Reviewer regarding why you wish to appeal this denial, please use the space below. Include additional pages if needed.

Printed Participant/Representative Name:_____

Participant/Representative Signature:_____

Date Signed:_____