



# Participant Appeal Form

You, as a participant and/or legal representative, have the right to appeal any treatment decision made by PACE North staff. All of us at PACE North share responsibility for your care and your satisfaction with the services you receive. We welcome your input and are happy to assist you in completing this form.

**Definition:** An appeal is defined as the action taken with respect to PACE North noncoverage of, or nonpayment for, a service, including denials, reductions or termination of services.

**Instructions:** Please complete this form to request an appeal of our decision to deny, defer, or modify a service or payment of a service that you or your representative requested. You may turn this in to any staff member or mail the completed form to the address below. An impartial third party not involved in the initial decision-making process will review your appeal. Call (231) 252-2767 for assistance or questions.

**PACE North  
Attn: Quality Assurance Director  
2325 Garfield Rd. N  
Traverse City, MI 49686**

**Participant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Representative Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

**Description of benefit(s) / service(s) denied by Interdisciplinary Team:**

\_\_\_\_\_

**Reason for appeal:**

\_\_\_\_\_

**Requested Appeal Type:**  Standard  Expedited / **Reason:** \_\_\_\_\_

*I am requesting that PACE North continue to provide the disputed service during the appeal process, understanding that I may be financially responsible if the appeal is not in my favor.*

Yes  No

**Participant/Legal Representative Signature:** \_\_\_\_\_

**Received by QA Director:** \_\_\_\_\_ **Confirmation Sent:** \_\_\_\_\_

**INTERNAL**

**3<sup>rd</sup> Party Reviewer:** \_\_\_\_\_

**3<sup>rd</sup> Party Resolution:** \_\_\_\_\_

**Resolution Date:** \_\_\_\_\_ **Letter Sent:** \_\_\_\_\_

**Accepted by Participant:**  Yes  No **Recorded in Log:** \_\_\_\_\_

**EXTERNAL**

**External Entity:** \_\_\_\_\_ **Date Sent:** \_\_\_\_\_

**Decision Date:** \_\_\_\_\_ **CR Decision Upheld:**  Yes  No

**Accepted by Participant:**  Yes  No If no, attach any additional documentation to this form.