



County of Inyo
Health & Human Services Department
Behavioral Health
Member Appeal Form

This form is to be used to if you disagree with a Notice of Adverse Benefit Determination (NOABD) issued by Inyo County Behavioral Health (ICHB).

You must request an appeal within **60 Calendar days** from the date of your NOAB.

WHAT YOU NEED TO KNOW

Dissatisfaction with Adverse Benefit Determination (NOAB)?

If your concern involves a Notice of Adverse Benefit Determination (NOABD), you have the right to file an appeal instead of a grievance.

Who can file and how?

A member, an authorized representative or provider may file an appeal on the member's behalf either orally or in writing.

To file an Appeal:

You can file your appeal verbally by calling 760-873-6533 and tell staff that you would like to file an appeal verbally. You can also, fill out this form and mail or drop off at Health and Human Services Office or email it to inyobh@inyocounty.us or fax it to 760-873-3277.

- Bishop Office
1360 N. Main Street, Bishop, CA 93514
- Lone Pine Office
310 N. Jackson, Lone Pine, CA 93545

Free interpreter services, translated materials, and auxiliary aids are available upon request. If you need this form in another language or format, please contact Inyo County Behavioral Health.

What happens after you file?

- We will mail you a written acknowledgement within 5 calendar days.
- We will mail you a written decision within 30 calendar days.

MEMBER INFORMATION

Member Name:		Date of Birth:	
Medi-Cal ID: (if known)		Email:	
Mailing Address:		Phone:	
Member's Preferred Method of Communication: ☐ Email ☐ Phone ☐ Mail ☐ Other			

Person Filing Appeal

☐ Self ☐ Provider ☐ Authorized Representative: _____

Member Language Preference:

☐ English ☐ Spanish ☐ Other: _____

Do you need an Interpreter? ☐ Yes ☐ No

APPEAL INFORMATION

Date of NOAB: _____

Date NOAB Received: _____

NOAB Decision:

☐ Denial ☐ Reduction ☐ Suspension

☐ Delay ☐ Termination ☐ Payment Denial

☐ Other: _____

What outcome would you like?

Why are you appealing?

PERSON FILING APPEAL

Print Name: _____

Signature: _____ Date: _____