



**Important:** This notice explains your right to appeal our decision. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under "Get help & more information."

### Notice of Denial of Payment

**Date:** 2024-05-03

**Member Number:** D5SYZR

**Name:** PHILIP RICE

**Claim Number:** AJXHCEGAR

**Provider:** REFLECT HEALTH

#### Your request was denied.

We've denied the payment of medical services/items listed below requested by you or your doctor:

Date of Service	Service Code	Denial Code (See explanation below)	Description of Service
2024-02-06	NA	177	DR VISIT
2024-03-02	NA	177	DR VISIT

#### Why did we deny your request?

We denied the payment of medical services/items listed above because:

- **177** - Proof of payment is required to complete this reimbursement request. Please submit proof of payment.

You should share a copy of this decision with your doctor so you and your doctor can discuss next steps. If your doctor requested coverage on your behalf, we have sent a copy of this decision to your doctor.

## **You have the right to appeal our decision.**

You have the right to ask Devoted Health to review our decision by asking us for an appeal.

**Plan Appeal:** Ask Devoted Health for an appeal within **60** days of the date of this notice. We can give you more time if you have a good reason for missing the deadline. See section titled “How to ask for an appeal with Devoted Health” for information on how to ask for a plan level appeal.

**How to keep your services while we review your case:** If we’re stopping or reducing a service, you can keep getting the service while your case is being reviewed. **If you want the service to continue, you must ask for an appeal within 10 days** of the date of this notice or before the service is stopped or reduced, whichever is later. Your provider must agree that you should continue getting the service. If you lose your appeal, you may have to pay for these services.

## **If you want someone else to act for you.**

You can name a relative, friend, attorney, doctor, or someone else to act as your representative. If you want someone else to act for you, call us at: 1-800-DEVOTED (1-800-338-6833) to learn how to name your representative. TTY users call 711. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You’ll need to mail or fax this statement to us. Keep a copy for your records.

## **Important Information About Your Appeal Rights**

### **There are 2 kinds of appeals with Devoted Health.**

**Standard Appeal** – We’ll give you a written decision on a standard appeal within **30 days** after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We’ll tell you if we’re taking extra time and will explain why more time is needed. If your appeal is for payment of a service you’ve already received, we’ll give you a written decision within **60 days**.

**Fast Appeal** – We’ll give you a decision on a fast appeal within **72 hours** after we get your appeal. You can ask for a fast appeal if you or your doctor believe your health could be seriously harmed by waiting up to **30 days** for a decision. You cannot request an expedited appeal if you are asking us to pay you back for a medical service/item or Part B drug you’ve already received.

**We’ll automatically give you a fast appeal if a doctor asks for one for you or if your doctor supports your request.** If you ask for a fast appeal without support from a doctor, we’ll decide if your request requires a fast appeal. If we don’t give you a fast appeal, we’ll give you a decision within **30 days**.



## How to ask for an appeal with Devoted Health

**Step 1:** You, your representative, or your *provider* must ask us for an appeal . Your request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- Whether you want a Standard or Fast Appeal (for a Fast Appeal, explain why you need one).
- Any evidence you want us to review, such as medical records, doctors’ letters (such as a doctor’s supporting statement if you request a fast appeal), or other information that explains why you need the item or service. Call your doctor if you need this information.

If you’re asking for an appeal and missed the deadline, you may ask for an extension and should include your reason for being late.

We recommend keeping a copy of everything you send us for your records. *You can ask to see the medical records and other documents we used to make our decision before or during the appeal. At no cost to you, you can also ask for a copy of the guidelines we used to make our decision.*

**Step 2:** Mail or fax your appeal.

**For a Standard or Fast Appeal:**

Mailing Address:

ATTN: Appeals & Grievances  
Devoted Health, Inc  
PO Box 21327  
Eagan, MN 55121

Phone:

1-800-DEVOTED  
(1-800-338-6833)  
TTY Users Call: 711

Fax:

1-877-358-0711

If you ask for a standard appeal by phone, we will send you a letter confirming what you told us.

### What happens next?

If you ask for an appeal, and we continue to deny your request, we’ll automatically send your case to an independent reviewer. **If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.**

## Get help & more information

- Devoted Health Toll Free: 1-800-DEVOTED (1-800-338-6833). TTY users call: 711 Hours: October 1 to March 31: 8am-8pm ET, 7 days a week. April 1-September 30: 8am-8pm ET, Monday-Friday
- 1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week. TTY users call: 1-877-486-2048
- Medicare Rights Center: 1-888-HMO-9050
- Elder Care Locator: 1-800-677-1116 or [www.eldercare.acl.gov](http://www.eldercare.acl.gov) to find help in your community.
- Or locate your state in the directory of state health insurance assistance programs found at: <https://www.shiphelp.org/about-medicare/regional-ship-location>