


## GRIEVANCE, STANDARD APPEAL, AND EXPEDITED APPEAL FORM

As a client of Lake County Behavioral Health (LCBH), you have the right to let us know if you are unhappy or dissatisfied with any matter. For most matters, you may file a **grievance**. If the matter involves an Adverse Benefit Determination (ABD), you have the right to file an appeal. An **ABD** occurs in the following situations:

- We deny or limit a requested service through our service authorization process, including the type or level of service;
- We reduce, suspend, or terminate a service that was previously authorized;
- We deny all or part of payment for a service;
- We fail to provide services to you in a timely manner, as determined by the state or LCBH;
- We fail to act within the timeframes for deciding about grievances, appeals, or expedited appeals; or
- We deny your request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other enrollee financial liabilities

<input type="checkbox"/> <b>Grievance</b>		<input type="checkbox"/> <b>Standard Appeal</b>		<input type="checkbox"/> <b>Expedited Appeal</b>	
<b>Name of Person Filing Grievance or Request For a Standard Appeal / Expedited Appeal:</b>					
<b>Client Name:</b>					
Address:					
City:		State:		Zip Code:	
Phone Number: (     )     -					
<b>Date of Request:</b>					
<b>Reason for Request:</b>					
<b>Client Signature:</b>				<b>Date:</b>	
 <b>Lake County Behavioral Health</b> Grievance, Standard Appeal, and Expedited Appeal Form			<b>Please Return Completed Form To:</b> Lake County Behavioral Health Member Service Resolution Officer P.O. Box 1024, Lucerne CA 95458 (707) 274-9101		