

An Appeal is a request to review a Notice of Adverse Benefit Determination (NOABD). Filing an Appeal will not affect your services.

- You may file an Appeal verbally or in writing.
- Deadline: File within 60 calendar days of the NOABD mailing date.
- To file verbally or for assistance with this Appeal, call the Kings County Quality Assurance Clinician at 559-852-2444.

**Please print or write legibly.**

Date: \_\_\_\_\_ Service location: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address (City/State/Zip): \_\_\_\_\_ Phone: \_\_\_\_\_

If client is a minor: Parent/Legal Guardian Name: \_\_\_\_\_

**Type of Appeal Request (Please select one):**

**Standard Appeal**

(You will receive a decision within 30 calendar days.)

**Expedited (Fast) Appeal**

(Check this box if waiting 30 days could seriously jeopardize your life, physical or mental health, or ability to attain, maintain, or regain maximum function.)

If you are requesting an expedited appeal, please explain why waiting for a standard appeal decision could seriously harm your health:

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*Note: If your request for expedited processing does not meet criteria, your appeal will be processed under the standard timeframe and you will be notified.*

Notice of Adverse Benefit Determination (NOABD) Date: \_\_\_\_\_

Why are you appealing this decision?

(Please include names, dates, and details. Attach additional pages if needed.)

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What outcome are you requesting?

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### **Your Rights During the Appeal Process**

- If you disagree with the Appeal decision, you may request a State Fair Hearing. Instructions will be included with your Appeal decision notice.
- You may request, free of charge, copies of the materials used to make the Appeal decision.
- If the NOABD reduces, suspends, or terminates a service you are currently receiving, you may request to continue that service while your Appeal or State Fair Hearing is pending. To request continued services, you must file your Appeal within 10 days of the date you received the NOABD or before the effective date of the proposed action, whichever is later. If the final decision is not in your favor, you may be responsible for the cost of continued services.

### **Optional: Authorize Someone to Act on Your Behalf**

You may authorize another person to act on your behalf during the Appeal process. Written authorization is required unless the person is legally authorized to act for you (for example, a parent of a minor or a court-appointed conservator). Leave blank if you do not wish to authorize another person to act on your behalf.

Name of Representative (if any): \_\_\_\_\_

Phone Number: \_\_\_\_\_

By signing below, you confirm this Appeal request and authorize Kings County Behavioral Health to share Protected Health Information (PHI) related to this Appeal with the representative listed above (if any).

Signature of Consumer (or Authorized Representative): \_\_\_\_\_

Today's Date: \_\_\_\_\_

### **Submit your form:**

Mail: 1400 W. Lacey Blvd., Bldg. 13  
Hanford, CA 93230

In Person: 1222 W. Lacey Blvd., 2nd Floor  
Hanford, CA 93230

Email: [bhpra@co.kings.ca.us](mailto:bhpra@co.kings.ca.us)

Fax: (559) 852-4219