

**Note:** Filing an appeal shall not adversely affect your services with Kings County Behavioral Health Mental Health Plan or network providers.

- You have 60 days to file this Appeal; the 60 days started the day after an Adverse Benefit Determination was given or mailed to you.
- Remember, you need not have received an Adverse Benefit Determination in order to file an Appeal. If you are unsure if this applies to you, you may ask any Mental Health staff member, or call one of the following numbers to request assistance:

1. Problem Resolution Coordinator: 1(800)500-4465
2. Patient's Rights Advocate: 1(800)905-5597

**Please print or write legibly.**

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

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

If client is a minor, enter the name of legal guardian filing on behalf of minor: \_\_\_\_\_

Address (City/ State/Zip) \_\_\_\_\_

Phone Number (please indicate best time to call): \_\_\_\_\_

I'd like for my information to remain anonymous.

**Describe the reason(s) for requesting an appeal.  
Please be specific by including names, dates, and times whenever possible.**

Date(s) of incident: \_\_\_\_\_

1. Describe the nature of your appeal. Attach additional pages if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What would you like to see happen to resolve this appeal? Attach additional pages if necessary:

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**PLEASE READ AND SIGN BELOW:**

A consumer may authorize another person to act on his/her behalf and this representative may use the Appeal process if requested by the consumer. The Problem Resolution Coordinator or the Patient's Rights Advocate can assist the consumer throughout the Appeal process. The Mental Health Plan (MHP) will ensure that a consumer is not subject to any penalty for filing an Appeal or requesting a State Fair Hearing. If you are dissatisfied with the outcome of your appeal at the County level, you may request a State Fair Hearing. The way to request a State Fair Hearing will be provided to you upon conclusion of the Appeal. You may request materials used to determine the outcome of an appeal free of charge. The way to request a State Fair Hearing is to contact:

A consumer may ask that mental health services continue while waiting for an Appeal decision or for the State Fair Hearing decision. To do this the consumer must file an Appeal **within 10 days** of having received the Notice of Action. In some circumstances, the consumer may have to pay for the services.

If you need further information regarding the Appeal process, please call the Tulare County Problem Resolution Coordinator at 1(800)500-4465.

**For the purpose of resolving this Appeal, I (consumer) authorize the following person to act on my behalf. I understand that this person could be provided Protected Health Information (PHI) regarding this Appeal. (Please write "n/a" if you do not wish to have anyone acting on your behalf):**

**Name and phone number of representative:** \_\_\_\_\_

I (consumer) also understand that the Problem Resolution Coordinator (or designee) will be authorized to contact my representative (as named above) and any involved provider in order to resolve my Appeal. The Problem Resolution Coordinator (or designee) will also be authorized to discuss any and all information that shall be needed to evaluate and resolve this Appeal.

**Signature of person making this appeal:** \_\_\_\_\_ **Today's date:** \_\_\_\_\_

**Submit your form:**

**Mail / In-Person:**

**Kings County Behavioral Health: Patients' Rights Advocate**

460 Kings County Dr. Suite 101 Hanford, California 93230 | Or Email: BHPRA@co.kings.ca.us |

Or Fax: (559) 584-6037