



# Participant Appeal Form

You, as a participant and/or legal representative, have the right to appeal any treatment decision made by the Orangeburg Senior Helping Center staff. All of us at the Orangeburg Senior Helping Center share responsibility for your care and your satisfaction with the services you receive. We welcome your input and are happy to assist you in completing this form.

**Definition:** An appeal is defined as the action taken with respect to the Orangeburg Senior Helping Center noncoverage of, or nonpayment for, a service, including denials, reductions or termination of services.

**Instructions:** Please complete this form to request an appeal of our decision to deny, defer, or modify a service or payment of a service that you or your representative requested. You may Fax this written request to (803) 268-5302 or mail the completed form to the address below. An impartial third party not involved in the initial decision-making process will review your appeal. Call (803) 268-5300 for assistance or questions.

**Orangeburg Senior Helping Center  
Attn: Quality Assurance Director  
153 Founders Court  
Orangeburg, SC 29118**

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Representative Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Description of benefit(s) / service(s) denied by Interdisciplinary Team:

\_\_\_\_\_

Reason for appeal:

\_\_\_\_\_

Requested Appeal Type:  Standard  Expedited / Reason: \_\_\_\_\_

*I am requesting that the Orangeburg Senior Helping Center continue to provide the disputed service during the appeal process, understanding that I may be financially responsible if the appeal is not in my favor.*

Yes  No

Participant/Legal Representative Signature: \_\_\_\_\_

Received by QA Director: \_\_\_\_\_ Confirmation Sent: \_\_\_\_\_

INTERNAL

3<sup>rd</sup> Party Reviewer: \_\_\_\_\_

3<sup>rd</sup> Party Resolution: \_\_\_\_\_

Resolution Date: \_\_\_\_\_ Letter Sent: \_\_\_\_\_

Accepted by Participant:  Yes  No Recorded in Log: \_\_\_\_\_

EXTERNAL

External Entity: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Decision Date: \_\_\_\_\_ CR Decision Upheld:  Yes  No

Accepted by Participant:  Yes  No If no, attach any additional documentation to this form.