



Health Net Community Solutions, Inc.  
 P.O. Box 10422  
 Van Nuys, CA 91410-0422  
 Phone: Los Angeles 1-855-464-3571  
 Phone: San Diego 1-855-464-3572  
 TTY: 711  
 Fax: 1-877-713-6189

**Health Net Cal MediConnect Plan (Medicare-Medicaid Plan)  
 Appeals & Grievances Department  
 REQUEST FOR RECONSIDERATION  
 (APPEAL)**

*Member Name:* \_\_\_\_\_

*Health Net Member ID Number:* \_\_\_\_\_

In your own words, please describe your concerns. Provide any information you feel may be helpful, including names and dates. You may attach a separate piece of 8 1/2 x 11" paper if extra room is needed. Please be sure to include copies of any claim(s), denial letter(s), or billing statement(s). You may also ask for an appeal by calling us at 1-855-464-3571 for Los Angeles County 1-855-464-3572 for San Diego County.

Your request for reconsideration (appeal) must be made within 60 calendar days from the date of the first decision. If your request is sent in after the 60 calendar days, you will need to tell us why you did not send it in on time.

Health Net will make its decision as fast as we can. We care about your health. We will do this no later than 30 calendar days (for Pre-Service appeals) or 60 calendar days (for Post Service appeals) from the date we receive your appeal. However, if you ask for more time, or if we need to gather more information, we can take up to 14 more calendar days. If we decide to take extra days to make the decision, we will tell you by letter.

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

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Please return this form to  
 Health Net Community Solutions, Inc.*

Attn: Appeals & Grievances Dept.  
P.O. Box 10422  
Van Nuys, CA 91410-0422  
Phone: Los Angeles 1-855-464-3571  
Phone: San Diego: 1-855-464-3572  
TTY: 711  
Fax: 1-877-713-6189

Hours of Operation:

Monday through Friday, 8:00 a.m. to 8:00 p.m.

After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free

The completion of this form is optional. You can choose to complete this form or you may ask for your appeal by calling us at the number listed above.

Health Net Community Solutions, Inc. is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC. Health Net is a registered service mark of Health Net, LLC. All rights reserved.