



Health Net® Medicare Programs
P.O. Box 10344
Van Nuys, CA 91410-0344
Fax: 1-877-713-6189

**Health Net Amber, Health Net Healthy Heart, Health Net Green,
Health Net Ruby, Health Net Violet, Health Net Gold and Health Net Jade
Appeals & Grievances Department
REQUEST FOR RECONSIDERATION
(APPEAL) Part C**

MEMBER NAME: _____

HNET Member ID Number: _____

In your own words, please describe your concerns. Provide any information you feel may be helpful, including names and dates. Please be sure to include copies of any claim or service denial notices, as well as copies of all applicable billing statements, if available.

Your request for reconsideration (appeal) must be made within 60 calendar days from the date of Health Net’s initial decision. If your request for reconsideration (appeal) is submitted beyond 60 calendar days, please submit an explanation why you were unable to make your request within this timeframe.

Health Net will make its reconsidered determination as expeditiously as your health requires, but no later than 30 calendar days following receipt of your request for reconsideration of a service denial and no later than 60 calendar days following receipt of your request for reconsideration of a claim payment denial.

Signature: _____ Date: _____

Please return this form to Health Net

Health Net® Medicare Programs

P.O. Box 10344

Van Nuys, CA 91410-0344

Phone: 1-800-275-4737

Fax: 1-877-713-6189

TTY/TDD: 1-800-929-9955

Hours of Operation:

8:00 a.m. to 8:00 p.m.

7 days a week

A Medicare Advantage organization with a Medicare contract.