

Health Net of the Northeast, Inc. One Far Mill Crossing P.O. Box 903-CT-110-05-05 Shelton, CT 06484-0944

Health Net Amber, Health Net Navy, Health Net Ruby, Health Net Sage or Health Net Green Appeals & Grievances Department REQUEST FOR RECONSIDERATION (APPEAL)

MEMBER NAME:
Reference 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:	
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Please return this form to Health Net