



Health Net® Medicare Programs  
P.O. Box 10343  
Van Nuys, CA 91410-0343  
Fax: 1-503-213-2769

**Health Net Aqua, Health Net Violet, Health Net Healthy Heart  
Health Net Ruby, 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.

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

*Please return this form to Health Net*

Health Net® Medicare Programs

P.O. Box 10343

Van Nuys, CA 91410-0343

Phone: 1-888-445-8913

Fax: 1-503-213-2769

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.