

APPEAL REQUEST – NORTHERN BRIDGES

Completion of this form is voluntary. The personally identifiable information collected on this form is used to identify case and process your request. It will only be used for that purpose.

Name – Member		Today's Date
Mailing Address		
City	State WI	Zip Code

- Check this box if you would like to appeal Northern Bridges' decision by requesting a meeting with the Northern Bridges Grievance and Appeal Committee.

Continuing Your Services During an Appeal of a Reduction or Termination of a Current Service

If you request to have your benefits continued, we will continue providing your same service during your appeal if you postmark or fax your appeal **before the effective date of the intended action**. You might be responsible for repaying us for the cost of this service if you lose your appeal; however, you may not be required to repay this cost if it would be a significant and substantial financial burden on you.

- Check this box if you would like to request the same services to continue during your appeal.

You have a right to free copies of your records including but not limited to medical records relevant to your appeal.

- Check this box if you would like to receive records from Northern Bridges that apply to your appeal.

If you need this form in another language, Braille or large print, please call Northern Bridges at 715-934-2266 or toll-free 866-306-6499, Monday thru Friday, 8 a.m. to 4:30 p.m. TTY users should call 800-947-3529. Interpreter and translation services are available free of charge.

SIGNATURE – Member

Date Signed

Mail or fax this form to:

Northern Bridges
15954 Rivers Edge Drive, Suite 300
Hayward WI 54843
Fax: 715-934-2268

To start your appeal as soon as possible, you can call Northern Bridges at 715-934-2266 before mailing this form. Your appeal must be postmarked or faxed within 45 days of receipt of the Notice of Action.