If you need assistance with completing this form:

- You may ask any Mental Health Plan staff to assist you.

- You may call Member Services.
(916) 875-6069

Toll Free 1-888-881-4 881
TDD 711

- You may call the Patient Rights Advocate.
(916) 333-3800

Sacramento County MHP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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Sacramento County Mental Health Plan
Quality Management – Member Services
7001-A East Parkway, Suite 300M
Sacramento, CA 95823

Sacramento County Mental Health Plan
Quality Management, Member Services
7001A East Parkway, Suite 300M
Sacramento, CA 95823

Stamp Required

SACRAMENTO COUNTY

Sacramento County Mental Health Plan

Appeal Form

Standard / Expedited

Appeal Form – English

Appeal Form

Note: Filing an Appeal following an Adverse Benefit Determination shall not adversely affect your services with Sacramento County Medical Health Plan. Member Services will respond with a resolution within thirty (30) calendar days for the Standard Appeal, or 72 hours for the Expedited Appeal. If the Expedited Appeal is denied, a written notice will be sent to the member and the Standard Appeal process will begin. Please check the appropriate box:

☐ Standard Appeal ☐ Expedited Appeal

Please print or write legibly.

Date: _____ Service Location: _____

Client Name: _____ Date of Birth: _____

If client is a minor, enter the name of legal guardian filing on behalf of minor:

Address (City/State/Zip): _____

Phone Number (please indicate best time to call):

1. What is your Appeal? Please describe this issue in specific detail. Attach additional pages, if necessary.

2. If you have checked the Expedited box, what is the reason you believe this Appeal needs to be expedited? Please include as much detailed information as possible. Attach additional pages if necessary.

3. Have you discussed this issue with your service provider (service coordinator, therapist, counselor, psychiatrist, etc.)? ☐ Yes ☐ No

4. What would you like to see happen to resolve this Appeal?

Signature of person making the Appeal: _____ Today's date: _____