



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

<Insert Date of Letter>

<Insert Payee Name>
<Insert Mailing Address>
<Insert City State>

Good Cause ID #:

Refi pou Bon Rezon Chanjman Plan

Ajans pou Administrasyon Swen Sante a ("Ajans la") te resevwa yon demand pou yon Bon Rezon chanjman plan swen ki kontwole pa Medicaid la pou non moun ki ekri anba a. Bon Rezon chanjman plan yo ap akòde sèlman dapre Kòd Administratif Florida, Règ 59G-8.600 (2016).

Non
<Insert Recipient Name>

<Good Cause Denial Reason

Yon fwa pa ane, manm yo kapab chanje plan swen sante Medicaid yo a pandan Anwolman Ouvri si yo pa kalifye pou yon Bon Rezon chanjman plan Medicaid. Pwochen peryòd enskripsyon ou an ap kòmanse nan <Insert OE Date>.

Anvan dat sa a, nou ap voye yon lèt rapèl ak enfòmasyon sou chwa plan ou yo. Chanjman ki fèt pandan Anwolman Ouvri ap vin efikas <Insert OE Plan Change Effective Date>.

Si ou pa dakò ak refi sa a, ou ka mande yon Odyans Medicaid san Patipri. Lè ou mande yon odyans Medicaid san patipri, yon ofisye odyans ki travay pou leta ap revize desizyon ki te fèt la. Si ou mande yon odyans san patipri, ou dwe mande li pa pita pase 120 jou apre dat lèt sa.

Return Address: Agency for Health Care Administration 2727 Mahan Drive, MS 62 Tallahassee, FL 32308
Call Center Hours: Monday-Thursday - 8 a.m. - 8 p.m.; Friday - 8 a.m. - 7 p.m. TTY/TDD users ONLY call 1-866-467-4970
If you need Choice Counseling materials in large print, audio or Braille, call the Toll-free Helpline 1-877-711-3662.

Fason pou mande yon Odyans san Patipri:

Pa Lapòs: Agency for Health Care Administration
Medicaid Hearing Unit
P.O. Box 60127
Ft. Myers, FL 33906

Pa Telefòn: (877) 254-1055 (*toll-free*)

Pa Fax: 239-338-2642 (*fax*)

Pa E-mail: MedicaidHearingUnit@ahca.myflorida.com

Si w gen nenpòt kesyon konsènan avi sa a, tanpri rele 1-877-254-1055.

AVI SOU PRATIK DISKRIMINASYON