



Merced County Behavioral Health and Recovery Services (BHRS)

Request for Appeal

❖ You must have received a notice in order to file an Appeal. If you are unsure if this applies to you, you can call any of the following numbers to request assistance:

- Quality Improvement Manager: (209) 381-6800 x 3647
- Quality and Performance Management: (209) 381-6812
- Patient’s Rights Advocate: (209) 381-6876
- Toll-Free: 1-888-334-0163
- TDD: 1-866-293-1818

Appeal

Expedited Appeal

Name:	
Date of birth:	
Phone Number:	
Address:	
DESCRIBE YOUR APPEAL (Please include action you received if possible)	
*Note: If you are completing this form on behalf of a consumer, please state so before the description of the grievance and signify the end of your statement with “end note”.	
PLEASE TURN PAGE OVER	



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Please read and sign below:

A consumer may authorize another person to act on his/her behalf and that this representative may use the Appeal process upon the consumer's request. Quality Improvement staff shall assist the consumer throughout the Appeal process. BHRS will ensure that a consumer shall not be subject to any penalty or retaliation for filing an Appeal. If you are receiving services, services will continue during the appeal process.

For the purpose of resolving this Appeal, I authorize the following person to act on my behalf. Please write "n/a" if you will not have anyone acting on your behalf:

Name of Representative:	
Phone Number:	
Address:	

I also understand that Quality Improvement staff will be authorized to contact my representative (as named above) and any involved provider in order to resolve my Appeal. Quality Improvement staff will also be authorized to discuss any and all information that shall be needed to evaluate and resolve this Appeal.

Signature/Date