

**Fairfield Office** – 4665 Business Center Drive, Fairfield, CA 94534  
**Redding Office** – 2525 Airpark Drive, Redding, CA 96001

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## Appeal Acknowledgement Letter

Date

Member Name	Hospital/Clinic/Pharmacy Name
Address	Address
City, State, Zip	City, State, Zip
	ATTN:

CIN #:  
Referral/Treatment Authorization #:

Dear (Text):

On [Date], Partnership HealthPlan of California received the request that you or your Healthcare Facility, who has filed on your behalf, for the appeal of [text].

We are currently reviewing your appeal and you will be contacted if we have any questions. You will receive a Notice of Appeal Resolution within 30 calendar days from the date we received the appeal request. If you think waiting 30 days will harm the health of yourself/the member, you might be able to get an answer within 72 hours. Please call the Partnership Utilization Management (UM) Department or Pharmacy Department below and ask for an **Expedited Appeal**.

**Member: Please sign the included Member Authorization for Provider Appeal form and return to Partnership in the envelope included.**

The decision on your matter will be made based on the information available to Partnership at the time of review. You have the right to provide evidence and testimony on this matter to be considered in the decision-making process. The evidence you may want to submit includes any comments, documents, records, and other information you would like considered.

If you have any questions or concerns regarding your Appeal, you can contact us at:

**Partnership Health Services**  
**4665 Business Center Drive**  
**Fairfield, CA 94534**  
**Call (800) 863-4144 or TTY (800) 735-2929**  
**Pharmacy Fax: (707) 863-4330**  
**UM Fax: (707) 863-4118**

Sincerely,

Robert Moore, MD, MPH, MBA  
Chief Medical Officer  
Partnership HealthPlan of California