

Insert Logo here

DETAILED EXPLANATION OF NON-COVERAGE

Date:

Patient Name:

Patient ID Number:

This notice gives a detailed explanation of why your Medicare Health plan and/or provider has determined that Medicare coverage for your current {insert type} services should end.

This notice is not the decision on your appeal. The decision on your appeal will come from your Quality Improvement Organization (QIO).

We have reviewed your case and decided that Medicare coverage of your current {insert type} services should end.

- **The facts used to make this decision:**

- **Detailed explanation of why your current services are no longer covered under your plan, and the specific Medicare coverage rules and policy used to make this decision:**

- **{Insert plan} policy, provision, or rationale used in making the decision:**

If you would like a copy of the policy or coverage guidelines used to make this decision, or a copy of the documents sent to the QIO, please call us at {insert plan or provider telephone number}:
