Insert contact information here

Detailed Explanation of Non-coverage

Date:	
Patient name:	Patient number:
nas determined Medicare coverage for yo not the decision on your appeal. The d Quality Improvement Organization (QIO).	f why your Medicare provider and/or health plan our current services should end. <i>This notice is</i> lecision on your appeal will come from your
• The facts used to make this decision:	
• Detailed explanation of why your cur specific Medicare coverage rules and p	rent services are no longer covered, and the policy used to make this decision:
Plan policy, provision, or rationale us only):	ed in making the decision (health plans
	verage guidelines used to make this decision, O, please call us at: {insert provider/plan toll-