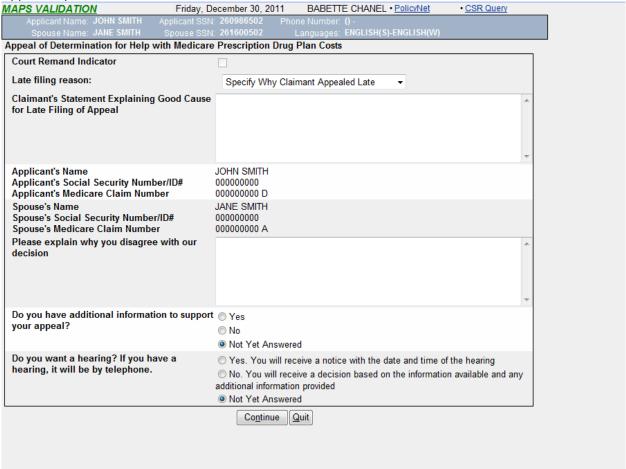
Appeals Input Screen



Appeals Other Information Screen

MAPS VALIDATION		Friday, Decembe		BABETTE CHA	NEL • PolicyNet	 CSR Query 		
Applicant Name:		icant SSN: 00000		ne Number: () -				
Spouse Name:	<u> </u>	ouse SSN: 00000			SH(S)-ENGLISH(W)			
Appeal of Determina	<u> </u>						, .	
To give you time to date we schedule	o prepare for the he the hearing.	earing, we must	allow at lea	st 20 days betwe	en the date of yo	ur request and the		
Do you want a hearing sooner if scheduling allows?				○ Yes○ No○ Not Yet Answered				
Do you need an interpreter?				○ Yes○ No● Not Yet Answered				
If YES, please sel	ect one of the follow	wing languages	No	t Yet Answered	▼			
Are you hearing impaired?				Yes No Not Yet Answered				
Will you have oth	er people at the he	aring?	© I	○ Yes○ No● Not Yet Answered				
If YES, will you and the other people need to talk to us from more than one telephone number?				○ Yes○ No◎ Not Yet Answered				
Section A							П	
Home Address	Street Address	1800 NW 42 ST						
	Apartment No.							
	Address Line 3	3						
	Address Line	1						
	City MIAMI		State FL	Zip 33142	_ 4768			
	Phone Numbe	er (124) 854 ee: Master Benefi	₋ 5445 ciary Record					

Appeals Other Information Screen Continued

				,						
Section B										
If you prefer that we daytime phone.	contact some	one else i	if we hav	e additio	nal ques	tions, ple	ase provide	e the per	rson's na	me and
Contact Person's Na	me	First		M	I.I.	Last			Suffix	(•
Contact Person's Ph	one Number									
Section C										
Third Party Application Help	Not ApplicFamily MeFriendAttorneyAgencyAdvocateSocial WoOther Spec	mber								
Third Party Name	First			M.I.	Las	t			Suffix	•
Third Party Address	Street Add Apartmen Address L Address L	t No.								
	City Phone Nu	mber ()	State -		Zip	-			

Appeals Results Screen

MAPS VALIDATION	Friday, December 30, 2011	BABETTE CHANEL • PolicyNet	• CSR Query
Appeal of Determination for Help with	Medicare Prescription Drug P	lan Costs	
Summary			
Applicant Name Applicant SSN Applicant Medicare Claim Number	JOHN SMITH 000000000 000000000		
Spouse Name Spouse SSN Spouse Medicare Claim Number	JANE SMITH 000000000 000000000		
Who is Filing an Appeal	Only you are appealing	g	
Good Cause for Late Filing	Was Actively Seeking	y Evidence	
Why do You Disagree	BLAH		
Additional Information	Yes		
Telephone Hearing	Yes		
Schedule Hearing Sooner	No		
Interpreter	No		
Hearing Impaired	No		
Other People at the Hearing	No		
	Save and Return	Previ <u>o</u> us	