

Appeals Input Screen

MAPS VALIDATION

Friday, December 30, 2011

BABETTE CHANEL • PolicyNet

• CSR Query

Applicant Name: JOHN SMITH Applicant SSN: 260986502 Phone Number: () -
Spouse Name: JANE SMITH Spouse SSN: 261600502 Languages: ENGLISH(S)-ENGLISH(W)

Appeal of Determination for Help with Medicare Prescription Drug Plan Costs

Court Remand Indicator

Late filing reason:

Specify Why Claimant Appealed Late ▾

Claimant's Statement Explaining Good Cause for Late Filing of Appeal

Applicant's Name	JOHN SMITH
Applicant's Social Security Number/ID#	000000000
Applicant's Medicare Claim Number	000000000 D
Spouse's Name	JANE SMITH
Spouse's Social Security Number/ID#	000000000
Spouse's Medicare Claim Number	000000000 A

Please explain why you disagree with our decision

Do you have additional information to support your appeal? Yes

No

Not Yet Answered

Do you want a hearing? If you have a hearing, it will be by telephone.

Yes. You will receive a notice with the date and time of the hearing

No. You will receive a decision based on the information available and any additional information provided

Not Yet Answered

Continue

Quit

Appeals Other Information Screen

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• CSR Query

Applicant Name: JOHN SMITH

Applicant SSN: 000000000

Phone Number: () -

Spouse Name: JANE SMITH

Spouse SSN: 000000000

Languages: ENGLISH(S)-ENGLISH(W)

Appeal of Determination for Help with Medicare Prescription Drug Plan Costs

To give you time to prepare for the hearing, we must allow at least 20 days between the date of your request and the date we schedule the hearing.

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 select one of the following languages

Not Yet Answered

Are you hearing impaired?

- Yes
 No
 Not Yet Answered

Will you have other people at the hearing?

- 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

Home Address

Street Address 1800 NW 42 ST

Apartment No.

Address Line 3

Address Line 4

City MIAMI State FL Zip 33142 - 4768

Phone Number (124) 854 - 5445

Address Source: Master Beneficiary Record

Appeals Other Information Screen Continued

Section B

If you prefer that we contact someone else if we have additional questions, please provide the person's name and a daytime phone.

Contact Person's Name First M.I. Last Suffix

Contact Person's Phone Number () -

Section C

Third Party Application Help

Not Applicable

Family Member

Friend

Attorney

Agency

Advocate

Social Worker

Other Specify

Third Party Name First M.I. Last Suffix

Third Party Address Street Address

Apartment No.

Address Line 3

Address Line 4

City State Zip -

Phone Number () -

Appeals Unit 113

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Appeals Results Screen

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• [CSR Query](#)

Appeal of Determination for Help with Medicare Prescription Drug Plan Costs

Summary	
Applicant Name	JOHN SMITH
Applicant SSN	000000000
Applicant Medicare Claim Number	000000000
Spouse Name	JANE SMITH
Spouse SSN	000000000
Spouse Medicare Claim Number	000000000
Who is Filing an Appeal	Only you are appealing
Good Cause for Late Filing	Was Actively Seeking 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

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