

APPEAL REQUEST – INCLUSA

Completing this form is voluntary. Personally identifiable information collected on this form is used to identify your case and process your request only.

Name – Member	Today's Date
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Mailing Address

City	State WI	Zip Code
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Check this box if you would like to appeal Inclusa's decision by requesting a meeting with the Inclusa Grievance and Appeal Committee.

Continuing your services during an appeal of a reduction, suspension, or termination of a service

If you are getting benefits and you ask for an appeal before your benefits change, you can keep getting the same benefits until a decision on your appeal has been made. If you want to keep your benefits during your appeal, your request must be postmarked or faxed **on or before the effective date of the intended action**. If the Grievance and Appeal Committee decides that Inclusa's decision was correct, you may need to repay the extra benefits that you got between the time you asked for your appeal and the time that the Grievance and Appeal Committee makes a decision. However, if it would cause you a large financial burden, you might not be required to repay this cost.

Check this box if you would like to request the same services to continue during your appeal.

Copy of your case file

You have a right to a free copy of the information in your case file related to your appeal. Information means documents, records and other related material including any new or additional information Inclusa gathers during your appeal.

Check this box if you would like to receive the information in your case file from Inclusa related to your appeal.

SIGNATURE – Member

Date Signed

Mail or fax this form to:

Inclusa
Attn: Member Relations
3349 Church St, Suite 1
Stevens Point WI 54481
Fax: 715-345-5725
Toll Free: 1-877-622-6700
TTY: 711 or 1-715-204-1799
Email: memberrelations@inclusa.org

To start your appeal as soon as possible, you can call Inclusa at 715-204-1805 before mailing this form. Your appeal must be postmarked or faxed no later than **60 calendar days** from the date on the Notice of Adverse Benefit Determination.

Inclusa:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call Inclusa at 715-204-1805 or toll-free at 877-622-6700, Monday through Friday, 8 a.m. to 4:30 p.m. TTY users should call 715-204-1799.