IMPERIAL COUNTY
Behavioral Health Services
MENTAL HEALTH & SUBSTANCE USE RECOVERY

Appeal Form

An appeal is a review of an Adverse Benefit Determination by Imperial County Behavioral Health Services. If you have received a Notice of Adverse Benefit Determination from us, and you are not in agreement, you may file an appeal. Appeals may be filed orally or in writing by the member, provider, or the member's authorized representative. The timeframe to file an appeal is within 60 calendar days from the date of the Notice of Adverse Benefit Determination.

An appeal may be filed by:

- Email: BHSPRA@co.imperial.ca.us
- Mail: Imperial County Behavioral Health Services Attn: Patients' Rights Advocate, 202 N. 8th Street, El Centro, CA 92243
- In Person: At any ICBHS location
- Phone: 1-800-817-5292 or 442-265-1525

We will let you know your appeal was received by sending you a written acknowledgement within five (5) calendar days of receipt of the appeal. While you are waiting for a final decision from an appeal, you have the right to keep receiving approved services. Contact our Patients' Rights Advocate at 442-265-1525 for more information.

For more information, please see the Member Handbook or our Patients' Rights webpage: https://bhs.imperialcounty.org/patients-rights/

Member's Name:	DOB:	Date:
Address:	City:	Zip Code:
Phone:	Best Time to Call:	
Representative Name:	Relationship to Member:	
Date of Notice of Adverse Benefit Determination:		
Appeal:		

Signature

Date