

## FINANCIAL ASSISTANCE PROGRAMS Step 2 Appeal: Eligibility and Financial Review Committee (EFRC)

The purpose of this form is to appeal the Individual Eligibility Review (IER) decision regarding a disenrollment or denial of eligibility from a financial assistance program, or a denial of a waiver or reduction of co-pays, fees or charges. This form must be completed and returned to the address at the bottom of the form within 60 days of the IER decision letter. The Eligibility and Financial Review Committee (EFRC) will review this appeal and either provide a decision or notify you of the date and time of the hearing within 30 days after the appeal is received. You have the right to appear in person and/or with a legal representative if you request a hearing on the requested review.

Name:	Date:
Signature:	Phone Number:
Medical Record Number:	Address:
Are you requesting the chance to attend the hearin	g on your requested review? (circle one) YES NO
	RC may use to review your appeal. Attach all documentation that eal form, "Step 1 Appeal: Individual Eligibility Review" and your form or additional pages if necessary.

Please submit this form within 60 days to:

Chief Financial Officer San Mateo Medical Center 222 W. 39th Avenue San Mateo, CA 94403

If you requested the chance to attend the hearing on your appeal, San Mateo Medical Center will provide you with notice of the date and the time of the hearing within 30 days after receiving this appeal form. If you did not ask to attend the hearing, San Mateo Medical Center will provide you with a written decision within 30 days after receiving this appeal form. If you have any questions about the appeals process, please contact the Patient Access Manager at (650) 573-3632.