



**San Mateo Medical Center**  
*A County System of Healthcare*

**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: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**Are you requesting the chance to attend the hearing on your requested review? (circle one) YES NO**

Please provide any additional information that the EFRC may use to review your appeal. **Attach all documentation that supports your position, including the original appeal form, "Step 1 Appeal: Individual Eligibility Review" and your Patient Financial Worksheet. Use backside of this form or additional pages if necessary.**

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**Please submit this form within 60 days to:**

**Kathy Van Kirk, Appeals Coordinator**  
**Human Services Agency**  
**2500 Middlefield Road**  
**Redwood City, CA 94063**

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 Kathy Van Kirk at (650) 363-4482.

If you need help with this appeal, you may contact Legal Aid Society of San Mateo County  
330 Twin Dolphin Drive, Suite 123, Redwood City, CA 94065; (650) 558-0915