

# How to Submit a Request for Grievance/Appeal

If you have requested a service that was denied by Jai Medical Systems and you disagree with the decision, you have several options.

- You or your doctor can provide Jai Medical Systems with the information requested in your denial letter.
- You may call the State Enrollee Help Line at 1-800-284-4510 and ask them to review our decision. If the State Enrollee Help Line does not resolve your case within 10 days of your call, you will receive information from the State of Maryland about how to appeal and obtain a fair hearing on your case.
- If you or your doctor does not want to resubmit the request with additional information or call the State Enrollee Help Line, you have a third choice. You may appeal to Jai Medical Systems directly. To help you with your appeal, you are entitled to a copy of your medical record from your doctor at **no charge**. To submit an appeal, please call 1-888-524-1999 or write to:

Jai Medical Systems  
5010 York Road  
Baltimore, MD 21212  
Attn. Appeals

Whether you appeal with the help of your doctor or contact us directly, you have 90 days from the date on your denial letter to appeal this decision with Jai Medical Systems.

If you or your doctor believes your appeal requires urgent review due to the seriousness of your health condition, please call Jai Medical Systems at 1-888-524-1999 and ask that they consider your appeal for expedited review. If Jai Medical Systems agrees that your appeal should be handled in an expedited way, we will usually make our decision within three business days.

If you are currently receiving ongoing services that are being denied or reduced, you may be able to continue receiving these services during the appeal process by calling Jai Medical Systems at 1-888-524-1999 or the State Enrollee Help Line within 10 days from receipt of this letter. We will assume that you received this letter within 5 days from the date above. **If your appeal is denied, you may be required to pay for the cost of the services received during the appeal process.**

Throughout the appeal process, you have the right to represent yourself or to select a spokesman such as legal counsel, a relative, or friend. Your appeal will not affect your ability to receive other services through Jai Medical Systems. I hope the information in this letter is helpful to you. Please call us at 1-888-524-1999 if you have any questions.

# JAI MEDICAL SYSTEMS



## Request for Grievance/Appeal

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ MA#: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Contact Telephone #: \_\_\_\_\_

Detailed Explanation of Complaint Issue: \_\_\_\_\_

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Reason for Filing Grievance/Appeal: \_\_\_\_\_

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**Note:** A grievance/appeal hearing is held within 20 days of receiving your filing for a grievance/appeal. We will contact you 3 to 5 days after receipt of the grievance/appeal form to let you know the date, time and location of the grievance/appeal hearing. If you have any questions, or need help completing this form, please contact the **Director of Customer Service at 1-888-524-1999**. We look forward to working with you to address your concern. Thank you.