



**ACKNOWLEDGEMENT OF APPEAL REQUEST REGARDING YOUR
BEHAVIORAL HEALTH SERVICES 6-2018**

[Date]

[Provider Name}
[Provider Address]
[Provider Address]

From: CommCare, on behalf of the Salish Behavioral Health Organization (SBHO)
1627 Main Street, Suite 700
Kansas City, MO 64108

Re: [Enrollee Name]
DOB: [Enrollee DOB]
Auth #: [Enrollee Auth #]

Dear [Provider Name/Enrollee Name],

Your request for an appeal was received on [Date appeal received]. We will review your request and provide our written response 30 days from the established filing date. You, or the SBHO, may also request up to an additional 14 days if it is in your best interest to do so.

You have the opportunity to submit written comments, documents, records and any other information you have relating to the case that was not included in your original request for an appeal. You may forward these to:

Michelle Watson
Attn: SBHO Appeals
CommCare
1627 Main Street, Suite 700
Kansas City, MO 64108

Label all mailings:

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If you have any questions, you may call me at 816-472-9012 ext: 529