



9. Why do you disagree? Or what are your reasons for appeal? (255 character limit; attach additional pages if necessary.)

10. You may also include any supporting materials to assist your appeal. Examples of supporting materials include:

Medical Records

Office Records/Progress Notes

Copy of the Claim

Treatment Plan

Certification of Medical Necessity

11. Printed Name of Person Appealing:

Contractor Number <b>09102</b>	Redetermination Number
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