



Little Traverse Bay Bands of Odawa Indians
Purchased/Referred Care Program
1260 Ajijaak Avenue Petoskey, MI 49770
Telephone: 231.242.1600 Fax: 231.242.1617

APPEAL OF DENIAL FOR MANAGED CARE DECISION

PATIENT NAME:

HOME ADDRESS:

CITY, STATE, ZIP:

PROVIDER:

SERVICE/PROCEDURE DENIED:

Dear Purchased/Referred Care Manager,

I have recently received notification from the LTBB PRC Managed Care Team informing me that I have been denied coverage for the provider and/or service listed above. However, I believe Managed Care should reconsider for the following reasons:

Considering the information above, I respectfully request that you reassess coverage for the service/procedure. If you have any questions or need further information, please contact me at:

Thank you for your consideration in this matter.

Sincerely,