



Claim Appeal Determination

Level Two

Date:

Attention:

Provider Name:

Senior CommUnity Care, PACE has received and reviewed your appeal request along with the supporting documentation provided for the following PACE Participant:

- Participant Name:
- Participant ID#:
- Date of Service:
- Claim Number:
- Total Charges:

After careful review and consideration, PACE has determined your claim appeal is

- ☐ Denied
- ☐ Approved

For the following reasons:

- ☐ Claim/appeal was received past timely filing
- ☐ No prior authorization for services
- ☐ Other

If you do not agree with our decision, you may file a second level appeal within 30 days from the date of this denial for further reconsideration.

Sincerely,

PACE Claims Review Team

Email: claims@voa.org

E-Fax (970)797-1984