_____ **NOTICE OF DENIAL/ADVERSE ACTION**

_____

_____

_____

Dear: _____

This letter is to inform you that _____ services have been:

- ☐ Denied (New Applicant)
- ☐ Discontinued
- ☐ Reduced

Explanation of policy and/*or* decision:

If you do not agree with this decision, you have a right to file a grievance within fifteen(15) calendar days of the date of this notification. A form to request a grievance is enclosed.

If you think you need other services, please contact us by phone at _____, or in writing at _____.

Sincerely,

_____
Signature

_____
Title

Confidentiality Statement

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