FIDA Integrated Appeals Case File Cover Note

[This Cover Note must be completed and sent via secure email, along with a PDF copy of the appeal case file, to: otda.sm.FIDA.Integrated.Appeals.Office@otda.ny.gov. Encrypt the email and attachments together, using Microsoft Outlook or a compatible encryption method. Do not encrypt the individual attachments. Send this email as expeditiously as possible, but no later than two business days after the Plan's level 1 appeal decision.]

TO: Integrated Administrative Hearings Office
FROM: <FIDA PLAN NAME>

                                                        <CONTACT PERSON>   <CONTACT PERSON SUPERVISOR>
                                                        <EMAIL><PHONE><FAX>   <EMAIL><PHONE><FAX>
                                                        <MAILING ADDRESS>   <MAILING ADDRESS>

EFFECTIVE DATE: <EFFECTIVE DATE> *[Insert date action to go into effect]*
NOTICE DATE: <NOTICE DATE> *[Insert postmark date of the action notice]*
APPEAL DATE: <APPEAL DATE> *[Insert date that participant appeals the action]*
DECISION DATE: <DECISION DATE> *[Insert date the Plan makes Level 1 Appeal decision]*
SEND DATE: <SEND DATE> *[Insert date the Plan sends the case to IAHO]*

PARTICIPANT: <PARTICIPANT'S NAME>
                                                        <SSN><CIN>
                                                        <EMAIL><PHONE><FAX>
                                                        <MAILING ADDRESS>

APPELLANT: <APPELLANT'S NAME>
                                                        <EMAIL><PHONE><FAX>
                                                        <MAILING ADDRESS>

ON WHOSE BEHALF IS APPEAL FILED: *[Check one]* [ ] PARTICIPANT [ ] NON-PARTICIPATING PROVIDER
- **IF NON-PARTICIPATING PROVIDER, DOCUMENTATION OF WAIVER OF LIABILITY IS ATTACHED:** *[Check one]* [ ] YES [ ] NO

[Insert if participant has a representative:
REPRESENTATIVE: <REPRESENTATIVE NAME>
                                              <EMAIL><PHONE><FAX>
                                              <MAILING ADDRESS>*]*
DOCUMENTATION OF REPRESENTATION FOR HEARING IS ATTACHED: *[Check one]* [ ] YES [ ] NO

AT ISSUE: <FHIS SERVICE/BENEFIT CODE(S)> *[Insert all FHIS Service/Benefit Codes that apply to this case; a table containing the codes is included in an attachment to this document]*

CASE TYPE: <FHIS PROCEDURE CODE(S)> *[Insert all FHIS Procedure Codes that apply to this case; a table containing the codes is included in an attachment to this document]*

PAGES: <NUMBER OF PAGES ATTACHED>