[FIDA PLAN NAME/LOGO]	**Appeal Level: 1**

[*If information is needed from a provider, the plan should contact the provider to obtain the needed information. The plan may not put the onus on the Participant to obtain information that the plan may independently obtain.*]

NON-PARTICIPATING PROVIDER DISMISSAL FOR FAILURE TO SUBMIT WAIVER OF LIABILITY

Name: **Date of Notice:**

Participant Number:

[*Insert other identifying information, as necessary (e.g., provider name, Participant's Medicaid number, service subject to notice, date of service)*]

Dear <Non-Participating Provider name>,

On <date appeal received, orally or in writing> [*for expedited appeals insert:* at <hour received>] you, or someone acting for you, appealed the following action: [*Insert a brief description of the FIDA Plan action/IDT decision (e.g. denial, reduction, PCSP renewal, etc.) being appealed and the benefits involved.*]

We are Dismissing your Appeal for Failure to Submit a signed Waiver of Liability form

All Non-Participating Provider Appeals must be accompanied by a signed Waiver of Liability form. The ICDN included instructions for submitting this as well as a copy of the required form. Upon receiving your appeal without the signed Waiver of Liability form, we made the following attempts on the following dates to reach you and request submission of the signed form:

You may appeal again

Appeals Contact Information:

Phone .....<phone number>
Regular Mail .....<address> <city, state zip>
Fax .....<fax number>
Delivery in Person .....<address> <city, state zip>

[*Plans must send a copy of this notice to relevant parties (e.g. representative, etc.) and include the following text:*]

A copy of this notice has been sent to: <name>
<address>
<phone number>