

| GHMC \square GHMC- Catskills \square Garnet Health Doctors \square Garnet Health Urgent Care \square | | |
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| assistance. If you dis by completing and sul | cal has made a determination regarding your application for fin sagree with the determination you may appeal the decision within 30 bmitting the following information with supporting documentation. | |
| Patient Name: Patient Address: | | - - - |
| Date of Determination Determination: | n: | <u></u> |
| Reason for Appeal: | | |
| Patient Signature: | Date: | |

You may call the New York State Department of Health complaint hotline at 1-800-804-5477 if

you have any issues regarding your application.