



GHMC ☐ **GHMC- Catskills** ☐ **Garnet Health Doctors** ☐ **Garnet Health Urgent Care** ☐

Garnet Health Medical has made a determination regarding your application for financial assistance. If you disagree with the determination you may appeal the decision within 30 days by completing and submitting the following information with supporting documentation.

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Patient Name: _____

Patient Address: _____

Date of Determination: _____

Determination: _____

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.