

County of Santa Clara  
MedAssist Program Appeal

You have applied for and been denied for the Santa Clara County's MedAssist Program. You have the right to appeal this decision in writing **within 30 days of that denial**. To appeal your denial, complete this form and submit per the instructions below:

Patient Name:	
Patient DOB:	
Date of Denial:	
Reason(s) for Denial:	
Requested Relief:	

Patient/Guarantor  
Signature: \_\_\_\_\_

Date  
Submitted: \_\_\_\_\_

Please complete the details above. Full information must be provided to help ensure appropriate consideration of your appeal. Within 30 days of denial for MedAssist, submit your appeal to:

**County of Santa Clara Health System Patient Business Services**  
**2325 Enborg Lane, Suite 440**  
**San Jose, CA 95128**  
**Attention: Revenue Cycle Director**

Your appeal will be considered, and you'll receive a response within 30 days. If the denial is upheld, patient may submit a second appeal to:

**County of Santa Clara Health System Finance Department**  
**2325 Enborg Lane, Suite 360**  
**San Jose, CA 95128**  
**Attention: Chief Financial Officer**

Your appeal will be considered, and you'll receive a response within 30 days. The decision on any second appeal will be final