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An appeal is the action you take if you disagree with a coverage or payment decision made by Medicare, your Medicare Advantage Plan (like an HMO or PPO), other Medicare health plan, or your Medicare Prescription Drug Plan. You have the right to appeal if Medicare, your Medicare health plan, or your Medicare Prescription Drug Plan denies one of these: A request for a health care service, supply, item, or prescription drug that you think you should be

able to get; A request for payment of a health care service, supply, item, or prescription drug you already got; A request to change the amount you must pay for a health care service, supply, item, or prescription drug. You can also appeal if Medicare or your plan stops providing or paying for all or part of a health care service, supply, item, or prescription drug you think you still need. This publication has important information about: How to file an appeal if you have Original Medicare; How to file an appeal if you have a Medicare Advantage Plan or other Medicare health plan; How to file an appeal if you have Medicare prescription drug coverage; Where to get help with your questions. Also available in Spanish.