

Panola County Indigent Health Care Program

PROCEDURE FOR APPEAL HEARINGS

Panola County Commissioners Court has approved the following procedure for the manner in which appeals filed by a person that has been denied eligibility for the Panola County Indigent Health Care Program.

A person who has been denied may request an appeal by signing the bottom portion of the Notice of Ineligibility form asking for an appeal to the denial decision. This form must be signed and returned to the Panola County Indigent Health Care office within 90 days of the date of the Notice of Ineligibility form.

Panola County Indigent Health Care staff will then contact the Designated Reviewing Officer that an appeal request has been filed.

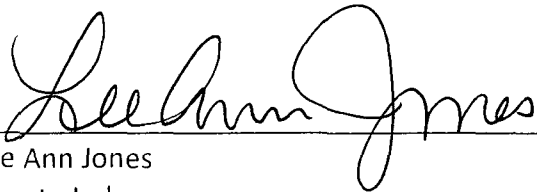
The Panola County Judge has been appointed the Designated Reviewing Officer for Panola County.

The applicant's file and a copy of the Texas Department of State Health Services County Indigent Healthcare handbook shall be given to the Designated Reviewing Officer.

The Designated Reviewing Officer may take a maximum of five (5) working days to reach a decision in which case the appellant will be notified by mail of the decision.

The Designated Reviewing Officer's decision is final and binding.

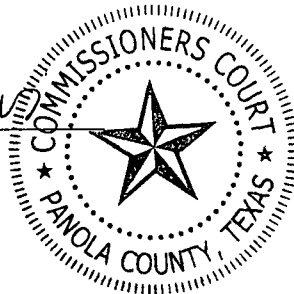
Given under my hand and seal of said office on this the 14th day of November, 2017



Lee Ann Jones
County Judge

Attest: 

Bobbie Davis
County Clerk
Ex-officio Clerk
of Commissioners Court
of Panola County Texas



Panola County Indigent Health Care Program

409 Cottage Road
Carthage, TX 75633

11/8/2017

Client's Name

Client's Address

City, State, and Zip Code

Case Number:

RE: Panola County Indigent Health Care Appea

This letter is to inform you that your appeal request has been turned over to the Designated Reviewing Office for Panola County Indigent Health Care Program. If additional information is needed from you, this office will be in contact with you. Once your appeal has been reviewed, the Designated Reviewing Officer will notify you by mail of the decision.

If you wish to provide information, you may contact the Panola County Judges Office.

Sincerely,

PCIHC Coordinator/Administrator's Name

Title goes here

Phone Number.

Fax:

Panola County Indigent Health Care Program

APPEAL DECISION

Appellant Name
Address
City, State, Zip Code
Case Number:

After review of the Appellant's case file and review of the Indigent Health Care policy, the following decision has been made:

Denial Supported based on: _____

Denial Overtured based on: _____

This decision of the Designated Reviewing Officer is final and binding.

Signature of Designated Reviewing Officer

Date