

**MEDICARE APPEALS COUNCIL (MAC) DECISION
 PLAN STATEMENT OF COMPLIANCE FORM**

Enrollee Name (First initial, last name)		
Health Plan Contact		
C2C Reconsideration Case #		
MAC Case #		
Health Plan Name		
Health Plan Contract # (H# or R#)		
Authorization # and Date Required for pre-service and expedited cases	#	Date
Check # or EFT# and Date Required for retrospective cases	#	Date

Important information:

- Send completed form no later than 14 days after the effectuation date.
- If you cannot comply with the MAC Determination, you must notify your Account Manager at the CMS Regional Office.
- Compliance notice for Standard Claim (retrospective) cases that do not contain a check number or EFT number will be rejected and referred to CMS Regional Office Account Manager for review.

Please return this form to us via our secure appeals portal, fax, or mail:

Portal: <https://www.c2cinc.com/QIC-Part-C>

Fax: 904-539-4096

Mail: C2C Innovative Solutions, Inc. - QIC Part C
Attn: QIC Part C – Effectuation Compliance
 P.O. Box 1949
 Jacksonville, FL 32231-0053