

**IRE/PART C QIC DECISION
 PLAN STATEMENT OF COMPLIANCE FORM**

Enrollee Name (First initial, last name)		
PACE Organization Contact		
C2C Reconsideration Case #		
PACE Organization Name		
PACE Organization Contract #		
Authorization # and Date	#	Date:
Check # or EFT# and Date Required for retrospective cases	#	Date:

Important information:

- Please note C2C cannot waive compliance with a C2C Reconsideration Determination.
- If you feel that you cannot comply with the C2C Reconsideration Determination, you must notify your CMS Regional Office point of contact.
- If you have questions regarding a C2C Reconsideration Determination, please contact the C2C Plan Liaison at PartC-Plan_Liaison@c2cinc.com.

Please return this form to us via fax or mail:

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