



## Claims 2<sup>nd</sup> Level Appeal Information

Non-contracted providers, if you disagree with our decision on your first level dispute you may submit a second level written request to the health plan by mail within 180 calendar days of written notice from the payor.

- **Care 1<sup>st</sup> Health Plan** – For Care 1<sup>st</sup> members send to  
Care 1<sup>st</sup> Health Plan  
Attn: Provider Dispute Dept  
PO Box 3829  
Montebello, CA 90640

For any information on the above listings, or other additional information, questions or concerns please call our Customer Services Department at (951) 280-7700 or toll free at 1-855-257-9964 or visit our website at [www.vantagemedicalgroup.com](http://www.vantagemedicalgroup.com).