
Appeal Filing Form

NAME OF PERSON FILING APPEAL: _____

Circle one: Covered person Patient Authorized Representative

Contact information of person filing appeal (if different from patient)

Address: _____ **Daytime phone:** _____ **Email:** _____

If person filing appeal is other than patient, patient must indicate authorization by signing here:

Are you requesting an urgent appeal?* Yes No

Briefly describe why you disagree with this decision (you may attach additional information, such as a physician's letter, bills, medical records, or other documents to support your claim):

Send this form and your denial notice to: [Insert your insurance company or your plan administrator]

Be certain to keep copies of this form, your denial notice, and all documents and correspondence related to this claim.**

* Are you requesting an urgent appeal? The definition of urgent is: (a) involves a medical condition of the covered person for which the timeframe for completion of a standard appeal/review] would seriously jeopardize the life or health of the covered person or would jeopardize the covered person's ability to regain maximum function; or concerns an admission, availability of care, continued stay or health care service for which the covered person received emergency services, but has not been discharged from a facility.

**If you have a denial notice from your insurance company, use that notice for guidance language for your appeal.

Important Information about Your Appeal Rights

What if I need help understanding this denial?

Contact your insurance company or your plan administrator if you need assistance understanding this notice or our decision to deny you a service or coverage.

What if I don't agree with this decision? You have a right to appeal any decision not to provide or pay for an item or service (in whole or in part).

How do I file an appeal? [Complete the bottom of this page, make a copy, and send this document to your insurance company or your plan administrator. See also the “**Other resources to help you**” section below for assistance with filing a request for an appeal.

What if my situation is urgent? If your situation meets the definition of urgent under the law, your review will generally be conducted within 72 hours. Generally, an urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your physician, you may experience pain that cannot be adequately controlled while you wait for a decision on your appeal. If you believe your situation is urgent, you may request an expedited appeal by following the instructions above for filing an internal appeal and also for simultaneous external review.

Who may file an appeal? You or someone you name to act for you (your authorized representative) may file an appeal, e.g. a family member, your doctor, an attorney or an ombudsman.

Can I provide additional information about my claim?

Yes, you may supply additional information to your insurance company or your plan administrator. If it is an external appeal, you will be informed where to send additional information within 10 days.

Can I request copies of information relevant to my claim? Yes, you may request copies (free of charge). If you think a coding error may have caused this claim to be denied, you have the right to have billing and diagnosis codes sent to you, as well. You can request copies of this information by your insurance company or your plan administrator.

What happens next? If you appeal, your insurance company or your plan administrator will review the decision and provide you with a written determination. If your insurance company or your plan administrator continues to deny the payment,

coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

Other resources to help you: For questions about your rights, this notice, or for assistance, you can contact: [your insurance company or your plan administrator, the Employee Benefits Security Administration at 1-866-444-EBSA (3272)] and/or if coverage is insured, your State Department of Insurance. Additionally, a consumer assistance program can help you file your appeal.