



Instructions

Please complete this form in its entirety to ensure accurate and timely processing of your appeal; incomplete information may delay the review and resolution of your appeal. Please be sure to include all relevant information with this form. If you are submitting this appeal on behalf of another person who is age 18 or over, a signed Designation of Personal Representative for Claim Appeal may be required to process your appeal.

Last Name First Nume First Nume Member Jersten Set Numeer Address ST 2lP Code Date of Birth mail Address Primary Phone Primary Phone ST St Submitter Information Relationship to Member (Attach Designation of Person Submitting Appents) St 2lP Code Mailing Address City ST 2lP Code Mailing Address City ST 2lP Code Mailing Address City ST 2lP Code Mailing Address V Primary Phone# 2lP Code Mailing Address V St 2lP Code If we of a non-network provider Not medically necessary Prior authorization / prior au								
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Have Questions? Give us a call at 844-260-9900