

APPEALS

Contract Number:

Patient Name:

Claim Number:

Date of Service:

Your group benefit plan provides you the right to appeal a benefit determination. **Please explain why you disagree with our benefit determination.** You may include documents that support your claim, such as a physician's letter, an operative report, medical records and a claim report. You may refer to your benefit booklet for complete information concerning your Appeal Rights.

Subscriber Signature	Date
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IF YOU HAVE AN AUTHORIZED REPRESENTATIVE, PLEASE COMPLETE THE SECTION BELOW.
To appoint an Authorized Representative, please call 1-833-749-1969 and request the Authorized Representative form.

Name of Authorized Representative

Address

City	State	Zip	Telephone Number (including area code)
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**Birmingham Service Center
Attention: Customer Service Appeals
P.O. Box 188
Birmingham, AL 35201-0188**