

PO Box 3389 Scranton, PA 18505 Phone 855-275-0374 Phone 833-951-4345 (U of U Retirees)

Contact Phone Number

APPEAL AND RECONSIDERATION REQUEST FORM

If you have any questions, please call our customer services department at 855-275-0374. Customer service hours are 8:00 a.m. to 8:00 p.m., Mountain Time, 7 days a week. If you are calling from April 1st through September 30th, alternate technologies (for example, voicemail) will be used on weekends and holidays. TTY users, please call 711. University of Utah Retirees, please call 833-951-4345 (TTY: 711)

Submitter:	Member	Provider				
Member Name				Member ID #		
Street Address			City		State	Zip
Date of Birth						
re-Service Post Service				Date(s) of Service		
Authorization Number				Claim Number		
Expedited Pre-Service only. Expedited requests should be reserved for situations where application of the standard time frame could seriously jeopardize the life, health or safety of the enrollee or the enrollee's ability to regain maximum function.						
Provider/Facilit	y Name					
Provider/Facilit	y Correspond	lence Address				
City		S	state		Zip Code	
Name of the pe	erson complet	ing this form, if	you are no	t the member		

REASON FOR YOUR APPEAL

Please provide a detailed reason for your appeal/reconsideration request. Please remember to include copies of any records such as, Medical Records, EOB, Itemized Statements, etc.

Signature Date