

## MEMBER REQUEST FOR APPEAL REVIEW FORM

There may be times when Anthem Blue Cross and Blue Shield Healthcare Solutions says we will not cover all or part of the care your doctor or provider recommended or you received. If we do this, you can appeal the decision. You must file an appeal within 60 calendar days from the date on our first letter that said we will not pay for a service or item. If you wish to appeal our decision, please fill out this entire form. It will help us look at your appeal request. You may also call Member Services toll free at 844-396-2329 (TTY 711) to file an appeal.

When we get your appeal, we will send you a letter within five calendar days. This letter will let you know we got your appeal request. We will send you a letter within 30 calendar days of getting your appeal. This letter will let you know what we decide.

Member Name:
Member ID #:
Parent or Guardian Name:
Reference Number:
Name of doctor who wants to give/gave you the service or item:
Type of service or item you want/got:
Why you want/got the service or item:
Date you had/want to have the service or item:
Why you are asking for the appeal:

If you need help, please call Member Services toll free at 844-396-2329, Monday through Friday from 7 a.m. to 7 p.m. Pacific time. If you are deaf or hard of hearing, call 711.

Sign and send this form to: Central Appeals Processing Anthem Blue Cross and Blue Shield Healthcare Solutions P.O. Box 62429 Virginia Beach, VA 23466-2429

By signing this form, you give Anthem the right to get your medical records needed to review this appeal.

## Do you need help with your healthcare, talking with us, or reading what we send you? We provide our materials in other languages and formats at no cost to you. Call us toll free at 844-396-2329 (TTY 711).

¿Necesita ayuda con su cuidado de la salud, para hablar con nosotros o leer lo que le enviamos? Proporcionamos nuestros materiales en otros idiomas y formatos sin costo alguno para usted. Llámenos a la línea gratuita al 844-396-2329 (TTY 711).

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