

APPEAL FORM

If you disagree with our decision not to approve the service your doctor asked for, you can file an appeal using this form within 60 days from the date of your denial letter.

Your provider, or any other person you choose, may appeal for you. If you ask someone to represent you, please give them a signed letter of consent to include with the appeal.

MEMBER INFORMATION:

Member's name:	Member ID:	Date of birth:	
Address:	City:	State:	ZIP code:

TYPE OF APPEAL REQUEST: _____ **Standard** _____ **Urgent**

An appeal may be handled urgently if you, your representative, or your provider thinks:

- The condition could seriously harm your life, health, or ability to regain full function.
- Would subject you to severe pain that can't be managed without care or treatment by waiting for the appeal to be resolved using standard appeal time frames.

PERSON MAKING APPEAL REQUEST: _____ Member _____ Provider _____ Other

CONTACT INFORMATION:

Name of person requesting appeal for the member:

Phone number: _____ Fax number: _____

Email: _____

Requestor's relationship to member:

- _____ Member/parent or legal guardian asking for appeal
- _____ Member's representative asking for appeal for the member (must have member consent)
- _____ Provider asking for appeal for the member (must have member consent)

APPEAL DETAILS:

Name of servicing provider: _____

Type of service or item to be given: _____

Authorization reference number (if known): _____

Date of service: _____ Service type: Inpatient ___ Outpatient ___

Tell us why you think HealthKeepers, Inc. should cover this service or item.

Attach any documents that support your appeal.

Yes, I attached medical records/documents
 No, I didn't attach medical records/documents

Number of pages attached: _____

Requestor's signature: _____ **Date:** _____

Mail this form and any relevant documents to:

**Central Appeals Processing
HealthKeepers, Inc.
P.O. Box 62429
Virginia Beach, VA 23466-2429**

Call toll free for translation or oral interpretation at no cost/Llame a la línea gratuita para servicios de traducción o interpretación sin cargo: 800-901-0020; TTY 711.

anthem.com/vamedicaid

HealthKeepers, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. Anthem HealthKeepers Plus, offered by HealthKeepers, Inc., is a health plan that contracts with the Virginia Department of Medical Assistance Services to provide Medicaid benefits to enrollees.