

Member Appeal Request Form

If you got a Notice of Adverse Benefit Determination letter from Healthy Blue and you disagree with our decision, you may fill out this form to ask for an appeal.

Remember, you must ask for an appeal within 60 calendar days from the date on the Notice of Adverse Benefit Determination letter. You may ask for an appeal by filling out this form and sending it to us.

Mail to: Attn: Appeals
 Healthy Blue
 P.O. Box 62429
 Virginia Beach, VA 23466-2429
 Fax number: 1-866-216-3482

You may also ask for an appeal by sending a letter to the address above or faxing a letter to the fax number above. We'll send you a letter with what we decide within 30 calendar days from the date we get your appeal.

Instructions: Please fill out the form completely and attach any paperwork you want us to review.

SECTION 1: MEMBER INFORMATION

_ Last name	First name	Middle initial
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_ Date of birth	Phone number	Medicaid ID number
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_ Email address (optional)	Today's date
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_ Street address

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City	State	Zip code
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www.HealthyBlueSC.com

BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association. BlueChoice HealthPlan has contracted with Amerigroup Partnership Plan, LLC, an independent company, for services to support administration of Healthy Connections.

I am asking for an expedited (fast) appeal:

- Yes
- No

SECTION 2: APPEAL INFORMATION

I am filing this appeal because Healthy Blue:

- Will not pay for a medical service I received.
- Will not say it is OK for me to get a medical service.
- Stopped paying for a medical service I was receiving.
- Took too long to decide if it would pay for a medical service.

Signature

Date

SECTION 3: REPRESENTATIVE INFORMATION

I have a representative who is helping me file this appeal.

Note: A representative is **not** required.

Last name

First name

Middle initial

Phone number

Street address

City

State

Zip code

You may choose anyone you wish to help you file an appeal, including an attorney or a doctor. If you choose to have someone help you file the appeal, you need to fill out an Appeal Representative Form. You can get the form at www.HealthyBlueSC.com and include it with your appeal request. Or we'll send you a form if you checked the box above. You must sign the Appeal Representative Form and return it to us before we can act on your appeal.

SECTION 4: ADDITIONAL INFORMATION

Please write any additional information you feel may be helpful with your appeal request. Tell us why you are appealing and why you disagree with our decision. Please provide us with the names of any providers who may have records about the service in question.

This information becomes part of the permanent record. Please write clearly. Use extra paper if needed.

