

General Appeal Form

SECTION 1: MEMBER INFORMATION

Member's Full Name: _____ DOB: _____ SSN (last 4 digits): _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-mail Address: _____

Member's Employer: _____

Patient's Full Name: _____ Date of Service: _____
(if related to a claim) (if related to a claim)

SECTION 2: NATURE OF THE APPEAL

Briefly describe the nature of this appeal: (*e.g.*, denial of a claim or service, eligibility, late payment, etc.)

Urgent Appeal: Check this box if you have an immediate need for health services and a delay in the decision on this appeal could jeopardize your health (must meet criteria described on page 2, paragraph 6).

Describe your reasons for requesting this appeal. Be thorough and specific. Attach any documents that would support your position (*e.g.*, medical notes). Use extra paper if necessary.

Print Name: _____ **Relationship to member:** _____
(name of the person completing this form)

Signature: _____ **Date:** _____

Note: Member and dependent appeals must be signed and submitted by the member or patient (if 18 or older). Employers may submit employer-related appeals (*i.e.*, requests for premium refunds).

APPEAL PROCEDURE:

If you are not satisfied with a decision rendered by Allegiant Care or one of our vendor-partners, you have the right to file an appeal. If you choose to file an appeal, it must be filed in writing within 180 days from your original benefit determination notice. Please include supporting documentation with your appeal submission.

1. Complete the General Appeal Form. All spaces must be completed on the form; your appeal may be delayed or denied if the form is not complete.
2. State the exact reason you are dissatisfied with the decision rendered and provide documentation to support your request for reconsideration.
3. If your first-level appeal is denied with the vendor-partner, you have the right to file a second-level appeal with the Board of Trustees. If you choose to file a second-level appeal, you must appeal within 180 days from the notification date of denial. If your appeal is denied, you will have the right to bring a civil action under Section 502(a) of ERISA in an attempt to recover benefits due under the terms of the Plan, enforce rights under the terms of the Plan, or to clarify rights to future benefits under the terms of the plan.
4. An internal rule or guideline may be relied upon in making your benefit determination. If so, a copy of such rule or guideline will be provided free of charge to you upon written request. Your benefit determination may be based on a determination that the treatment is not medically necessary or on a determination that the treatment constitutes experimental treatment. If so, an explanation of the scientific or clinical judgment for this determination will be provided to you free of charge upon written request.
5. The Board of Trustees **may take up to 30 calendar days** (from the date the appeal is received) to notify the member of approval or denial.
6. **Claims involving urgent care:** If this appeal is for medical care or treatment of an urgent nature, such that the standard 30 day turn-around time could, in the opinion of a physician familiar with the claimant's condition, seriously jeopardize the life or health of the claimant or the ability of the claimant to regain maximum function or would subject the claimant to severe pain that cannot be adequately managed without the care or treatment that is the subject of the claim, the benefit determination will be rendered as soon as possible, but not later than 72 hours after receipt of the claim.
7. **Important note regarding appeals for eligibility.** If an eligibility-related appeal is approved, eligibility information will be transferred to applicable vendors on the next scheduled electronic file upload, which is usually every Thursday. Allegiant Care reserves the right to pend eligibility if any required documentation (dependent birth certificates, marriage certificate, coordination of benefits, etc.) is missing from your file. If pended, eligibility will be granted when documentation is received.
8. Please refer to your Summary Plan Description (SPD) for further details concerning appeals.

*Return your completed form to the mailing address noted on Page 1.
You may also fax it directly to 603-666-4477 or email appeals@myallegiantcare.com.
Retain a copy of this form for your records.*