

# Health Coverage Appeal Request Form

**You may use this form to tell BCBSAZ you want to appeal a denial decision.**

Member Name \_\_\_\_\_ Member ID# \_\_\_\_\_

Name of representative pursuing appeal, if different from above \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Denial:  Denied Claim  Denied Service Not Yet Received

If you are appealing BCBSAZ's decision to deny a service you have not yet received, could a 30 to 60 day delay in receiving the service likely seriously jeopardize your life or health or your ability to regain maximum function or subject you to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request? If your answer is "Yes," you may be entitled to an expedited appeal. Your treating provider must sign and send a certification and documentation supporting the need for an expedited appeal.

What decision are you appealing? \_\_\_\_\_

\_\_\_\_\_

(Explain what you want BCBSAZ to authorize or pay for.)

**Explain why you believe the claim or service should be covered:**

\_\_\_\_\_

\_\_\_\_\_

(Attach additional sheets of paper, if needed.)

If you have questions about the appeals process or need help to prepare your Appeal, you may call the Arizona Department of Insurance Consumer Assistance number (602) 364-2499 or (800) 325-2548, or BCBSAZ at (602) 864-4400 or (800) 232-2345.

**Make sure to attach everything that shows why you believe BCBSAZ should cover your claim or authorize a service,**

**including:**  Medical records  Supporting documentation (letter from your doctor, brochures, notes, receipts, etc.)

\*\*Also attach the certification from your treating provider if you are seeking expedited review.

Medical Appeals and Grievances Department – Mail Stop A116  
 BCBSAZ  
 P.O. Box 13466  
 Phoenix, AZ 85002-3466  
 Fax: (602) 544-5601  
 Phone: (602) 544-4938 or (866) 595-5998

Signature of insured or authorized representative \_\_\_\_\_ Date \_\_\_\_\_