



HEALTH CARE APPEAL REQUEST FORM

Insured Member's Name: Click or tap here to enter text. **Member ID #:** Click or tap here to enter text.
Name of representative pursuing appeal (if different from above): Click or tap here to enter text.
Mailing Address: Click or tap here to enter text. **Phone #:** Click or tap here to enter text.
City: Click or tap here to enter text. **State:** Click or tap here to enter text. **Zip Code:** Click or tap here to enter text.

Type of Denial: Denied Claim (Service Received) Denied Service (Not Yet Received)

If you are appealing your insurer's decision to deny a service you have not yet received, will a 30 to 60 day delay in receiving the service likely cause a significant negative change in your health?

Yes No

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.

Which Level would you like to appeal?

Level 1 Level 2 Level 3 (request for external review at no cost)

What decision are you appealing (what do you want paid or authorized)?

Click or tap here to enter text.

Explain why you think Ambetter from Arizona Complete Health should pay or authorize this service (attach additional pages if needed):

Click or tap here to enter text.

**Make sure to attach everything that shows why you believe Ambetter from Arizona Complete Health should pay for, or authorize the requested service including any medical records, letters from your doctor(s), notes, brochures, etc. If you are requesting an expedited appeal you MUST include the treating provider certification (a form is available on our website).*

Send completed form (or document with the same information) through one of the following options:

<p>Email: AzCHMarketplace2@azcompletehealth.com</p>	<p>Fax: 877.615.7734</p>	<p>Mail: Ambetter from Arizona Complete Health Attention: Appeal & Grievance PO Box 10341 Van Nuys, CA 91410</p>
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If you need assistance completing the form, or have questions about the appeals process, please contact Member Services at 1.888.926.5057 TTY/TDD 1.888.926.5180.

Signature of insured or authorized representative

Date