



HEALTH CARE APPEAL REQUEST FORM

Insured Member's Name: _____	Member ID #: _____
Name of representative pursuing appeal (if different from above): _____	
Mailing Address: _____	Phone #: _____
City: _____	State: _____ Zip Code: _____

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," your treating provider must sign and send a certification and documentation supporting the need for an expedited review.

Which Level would you like to appeal?

Expedited Level of Review (only applies if "Yes" is checked above)

☐ Expedited Medical Review

☐ Expedited Appeal

☐ Expedited External Independent Review
(request for external review at no cost)

Standard Level of Review

☐ Initial Appeal

☐ External Independent Review

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

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

**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 review, 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:

Email: AzCHMarketplace2@azcompletehealth.com	Fax: 877.615.7734	Mail: Ambetter from Arizona Complete Health Attention: Appeal & Grievance PO Box 10341 Van Nuys, CA 91410
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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: 711)

Signature of insured or authorized representative

Date