

MEDICARE WRITTEN APPEAL FORM

PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING YOUR MEDICARE APPEAL
You have a right to an appeal if you believe you are entitled to a service or benefit that has been denied.

Medicare Part C (Medical Services) <input type="checkbox"/> PROCESSING TIME Standard pre-service = 30 Days Standard post-service and all Claims = 60 Days Expedited = 72 Hours	Medicare Part D (Prescription Drugs) <input type="checkbox"/> PROCESSING TIME Standard pre-service = 7 Days Standard post-service = 14 Days Expedited = 72 Hours
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An expedited appeal is only available when the standard process could seriously jeopardize life, health, or the ability to regain maximum function. Expedited requests not meeting one of these criteria will be transferred to the standard process. Please be aware that all claim appeals are processed as standard appeals.

Request for Standard Appeal or Request for Expedited Appeal

Member Name: _____ Member ID: _____

Member Address: _____

Member Phone #: _____ Alternate#: _____

Provider Name: _____

Provider Mailing Address: _____

Provider Phone #: _____

Please describe what was denied: _____

Please describe why you believe you are entitled to the denied service or benefit:

Member Signature: _____

Name of Person Submitting Appeal: _____



Signature of Person Submitting Appeal: _____

Date: _____

PLEASE SUBMIT ANY SUPPORTING DOCUMENTS WITH YOUR APPEAL

HOW TO SUBMIT YOUR MEDICARE APPEAL

Expedited Medicare Appeals can be requested by either calling or submitting a written request to the Blue Shield of California Promise Health Plan Member Services department.

Standard Medicare Appeals must be in writing and signed by the Member.

If the appeal is requested by a doctor or a family member other than the member, please fill out and sign the Appointment of Representative Form (AOR) available on the Blue Shield of California Promise Health Plan website and submit it with this Appeal. You can also obtain a copy of the AOR Form by contacting the Blue Shield of California Promise Health Plan Member Services department at 1-800-544-0088 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays from April 1 through September 30.

Please send your written appeal to:

Blue Shield of California Promise Health Plan
Attn: Member Services Department (Appeals)
601 Potrero Grande Dr.
Monterey Park, CA 91755
Fax: 1-323-889-6214

If you have any questions, please call our Member Services department at 1-800-544-0088 (TTY: 711) from 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays from April 1 through September 30. One of our representatives will be happy to assist you.

Blue Shield of California Promise Health Plan is an HMO and an HMO SNP plan with a Medicare contract and a contract with the California State Medicaid Program. Enrollment in Blue Shield of California Promise Health Plan depends on contract renewal.