

## Appeal Request Process

### What is an appeal

An appeal is a type of complaint you make when you want a reconsideration of a decision (determination) that was made regarding a service, or the amount of payment your plan pays or will pay for a service or the amount you must pay for a service.

### Expedited appeal

You have the right to request a fast review or expedited appeal for cases that involve medical coverage decision if you or your doctor believes that your health could be seriously harmed by waiting up to 30 days for a determination. In such cases, the plan will acknowledge your appeal within twenty-four (24) hours of receipt and notify you in writing of the plan's determination within three (3) calendar days.

### When can an appeal be filed

You may file an appeal within sixty (60) calendar days of the date of the notice of the initial organization determination. For example, you may file an appeal for any of the following reasons:

- The plan refuses to cover or pay for services you should be covered.
- The plan or one of the contracting medical providers refuses to give you a service you think should be covered.
- The plan or one of the contracting medical providers reduces or cuts back on services you have been receiving.
- If you think that the plan is stopping your coverage too soon.

Note: The sixty (60) day limit may be extended for good cause. Include in your written request the reason why you could not file within the sixty (60) day timeframe.

### Who can file an appeal

An appeal may be filed by any of the following:

- You may file an appeal.
- Someone else may file the appeal for you on your behalf.

You may appoint an individual to act as your representative to file the appeal for you. An "Appointment of Representative" form must be signed by you and the person you appoint to act on your behalf. You may contact Customer Service to obtain this form or access it online at <http://www.mypreferredcare.com/media/49102/AppointmentofRepresentative.pdf>.

### Where to file an appeal

An appeal may be filed in writing or by fax at:

Appeals & Grievance Department  
Preferred Care Partners  
P. O. Box 6106  
MS CA 124-0157  
Cypress, CA 90630  
Fax: 1-888-517-7113 (TOLL FREE)

You may also contact Customer Service at 1-866-231-7201. We are open 7 days a week, 8:00am to 8:00pm local time. TTY users should call 711.



## Member Appeal Request Form

**INSTRUCTIONS**    1. Complete all of the sections below, and sign.  
                              2. Gather copies of any documents that can help us understand the appeal.

Member Name		Date
Member ID Number	Telephone	
Name of Person Filing Appeal (if not Member)		Date of Service
<b>I wish to submit an appeal to Preferred Care Partners regarding the denial of the following services and/or payment of claim(s) (Please describe your concern or issue in detail, in your own words.):</b>		
<b>Member Signature</b>		Date
<b>Authorized Representative Signature</b>		Date

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.



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