PREMERA | BLUE CROSS

How to File an Appeal for a Member

Instructions

Fill out this form to file an appeal and submit it to Premera Blue Cross (Premera).

The member may complete the form or someone else may complete it for the member.

Regardless of who completes the form, it MUST BE SIGNED by the Member or Legal Guardian.

Send this appeal form and supporting documentation to:
Premera Blue Cross: Member Appeals
PO Box 91102
Seattle, WA 98111-9202
Fax: 425-918-5592

Notice of Privacy Practices

Our Notice of Privacy Practices describes how we may use and disclose member personal information and members' rights concerning it. This notice is on our website at *www.premera.com*. If you need a paper copy, call Customer Service at the number listed on the back of your member ID card.

Questions?

Call: Call Customer Service at the number on the back of your member ID card.
Email: Sign in to your account at premera.com and select Secure Inbox.

PREMERA | BLUE CROSS

Member Appeal

Instructions

- Please fill out all the information below.
- **Please print clearly**.
- Make a copy for your records and mail the completed form to:
  Premera Blue Cross: Member Appeals
  P.O. Box 91102
  Seattle, WA 98111-9202

A. Member information. All fields in this section are required.

Member's name: first name, last name			Member's date of birth (mm/dd/yyyy)
ID prefix: (see ID card)	ID number Suffix		Group policy number
Mailing address	City	State	ZIP code
Daytime phone – include area code			

B. Who is completing this form?

I am (select one):

- ❍ The member. Skip to section D.
- ❍ Parent. Skip to section C.
- ❍ Legal guardian. You must attach legal documentation to confirm this relationship. Continue to section C.
- ❍ Power or attorney. You must attach legal documentation to confirm this relationship. Continue to section C.
- ❍ I hold none of the roles mentioned above. Please continue to section C.

C. Who can appeal on behalf of the member? This is the Authorized Representative.

First name	Last name	Phone – include area code	
Relationship to member		Fax – include area code	
Address	City	State	Zip code

D. Member's authorization to release healthcare information and records

IMPORTANT: Regardless of who completes this form, this section MUST be signed by the member or legal guardian.

By signing this form I understand and agree to the following: Premera Blue Cross, or any of its affiliates (the "Company"), may disclose my health records with the Authorized Representative listed above.

I understand that the healthcare information may include my benefit, claim, diagnosis and treatment records including information about the following sensitive healthcare diagnosis and treatments that I have selected below:

- ☐ Alcohol and/or chemical dependency
- ☐ Sexually transmitted diseases (HIV/AIDS)
- ☐ Genetic information
- ☐ Reproductive health (including abortion)
- ☐ Gender affirming care, gender dysphoria, domestic violence, and behavioral health

Disclaimer: You can change your mind and withdraw this release at any time by informing the Company in writing at the address listed at the bottom of this form. The Company will make sure the change goes into effect within five business days after receiving your withdrawal request and will not be liable for any information released before your change goes into effect. This release is voluntary. We will not condition your enrollment in a health plan, eligibility for benefits or payment of claims on giving this release. This release will last twenty-four months from the signature date below, or until the appeal process is complete, whichever is earlier.

Member signature	Printed name
X_____	Date signed (mm/dd/yyyy)

E. What is the member appealing?

The initial decision was related to - select one

- ❍ Pre-service denial (services have not been taken)
- ❍ Experimental/investigational procedures
- ❍ Medical necessity of the service
- ❍ Claim processed at out-of-network benefit level
- ❍ Benefit limitations
- ❍ Cancellation of my policy or eligibility
- ❍ Other. Specify:

If the appeal is related to a medical service, complete the following.

Provider of Care (e.g.: Doctor's name, hospital, laboratory):			
Mailing address	City	State	ZIP code
Daytime phone – include area code			

Date of service (mm/dd/yyyy)	Claim Number: (Include additional claims in section E)	Total Charge
☐☐–☐☐–☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	
Utilization Management reference number listed on denial letter		
☐☐☐☐☐☐☐☐☐☐		

F. Tell us why you are appealing.

What would you like Premera to review again? Attach supporting documents.
What action do you want Premera to take? If you need more space, attach a written statement.

G. Signature – Print this form then sign it below.

Who must sign this form

- For a member aged 12 or younger, the parent or legal guardian can sign.
- For a member aged 13 or older, the member must sign, unless a court with jurisdiction has deemed the member incapable of consenting to his or her own services and has appointed a legal guardian.

Member signature X_____	Printed name Date signed (mm/dd/yyyy)
Parent, legal guardian, power of attorney, authorized person signature X_____	Printed name Date signed (mm/dd/yyyy)
Email address	

Prefer to receive a response by email?

By checking this box ☐, you agree to receive your appeal decision and other correspondence related to your appeal via the email address noted in Section G. You can change your mind at any time and/or request a paper copy of any notice at no cost by writing to Premera Blue Cross: Member Appeals.

Notice of availability and nondiscrimination **800-722-1471 | TTY: 711**

Call for free language assistance services and appropriate auxiliary aids and services.
Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.
呼吁提供免费的语言援助服务和适当的辅助设备及服务。
呼籲提供免費的語言援助服務和適當的輔助設備及服務。
Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.
무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.
Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.
Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.
Звертайтесь за безкоштовною мовною підтримкою та відповідними додатковими послугами.
សូមហៅទូរសព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាកម្ម និងជំនួយចាំបាច់ដែលសមរម្យផ្សេងៗ។
無料言語支援サービスと適切な補助器具及びサービスをお求めください。
ለነፃ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ድጋፍ ሰጪ አጋዥ መሳሪያዎችን እና አገልግሎቶችን ለማግኘት በስልክ ቁጥር
Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.
મુફત ભાષા સહાયિતા સેવાવાં અને ઉચિત સહાયિક ચીજાં અને સેવાવાં વાસતે કાલ કરો।
Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.
ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.
Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.
Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.
Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.
Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.
Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.
اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.
برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

Discrimination is against the law. Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. Premera does not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Premera provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, TTY: 711, Fax: 425-918-5592, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx.

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