Member appeal form



Member information		
Name	Member ID#	Phone
Appeal information		
1. Indicate the type of appeal you are filing:		
Prior authorization (a service or item that h	nas not been received yet).	
Claim (a service or item that has already b	peen received). Date of service	
Authorization, referral, or claim number (Refer to your Explanation of Benefits or Den		
3. What service or item was denied?		
4. Why do you believe the service or item should	ld be covered?	
I am requesting an expedited 72-hour review accelerated review, see "Expediting your a "		
If you are filing on behalf of the member, go to E Authorized Representative." Download and co when submitting this form.	PacSrc.co/documents-and-forms	and search for "Designation of
Representative name		
Relationship to member		Phone
Mail or fax this form to:		

PacificSource Health Plans Appeal and Grievance Department, PO Box 7068, Springfield, OR 97475-0068

Fax: 541-225-3628

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Expediting your appeal

In all cases, PacificSource will review and respond to your request as soon as possible. To qualify for an expedited response within 72 hours:

- The request must pertain to coverage of services you have not received yet.
- Waiting up to 30 days for a decision could put your health or life in danger.

If you believe you need an expedited review, please let us know. A plan physician will review your medical records to determine if your appeal qualifies for an accelerated review and response. If not, your appeal will be processed within 30 calendar days.

If your physician calls us or writes to us to support your request for an expedited review, we will automatically process your request within the 72-hour timeframe.

Questions?

If you have questions about how appeals are processed, please refer to your Member Handbook, or call Customer Service at **888-977-9299**, TTY: 711. We accept all relay calls.