Member appeal form

PacificSource HEALTH PLANS

Member information

Name _____ Member ID# _____ Phone _____

Appeal information

1. Indicate the type of appeal you are filing:

   ☐ Prior authorization (a service or item that has not been received yet).

   ☐ Claim (a service or item that has already been received). Date of service _____

2. Authorization, referral, or claim number _____
   (Refer to your Explanation of Benefits or Denial Notice.)

3. What service or item was denied? _____

4. Why do you believe the service or item should be covered?

☐ I am requesting an expedited 72-hour review of a service or item that has not been received yet. (To qualify for an accelerated review, see **"Expediting your appeal"** on the second page of this form.)

If you are submitting this appeal on behalf of the member, you must include a completed Designation of Authorized Representative form signed by both you and the member. Visit **PacSrc.co/documents-and-forms,** search for **"Designation of Authorized Representative,"** then download, complete, and sign the form before submitting it with this appeal.

Representative name _____

Relationship to member _____ Phone _____

Continued >

Return this form?

The fastest way to submit your appeal or complaint is through your InTouch account. Simply log in to InTouch and select **Ask a Question** to send your completed form and supporting documents securely.

You can also submit this form by email to **NewAppeal@PacificSource.com**.

Electronic submissions are processed more quickly than mailed forms.

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.