

Member Appeal Form

Appeal Information 1. Indicate the type of appeal you are filing: Preauthorization (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 (For the correct number, refer to your Explanation of Benefits or Denial Notice.) 3. What is the service or item denied? 4. Why do you feel the service or item should be covered? 1. Immagneting 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 back of this form.) If you are filing on behalf of the member, go to PacificSource.com/member/oregon/forms-and-materials.aspx: Click Forms to download the Designation of Authorized Representative PDF. Complete the Designation of Authorized Representative form and include it when submitting this Member Appeal Form. Representative name Relationship to member Phone	Member Information		
Preauthorization (a service or item that has not been received yet). Claim (a service or item that has already been received). Date of service	Name	Member ID#	Phone
Preauthorization (a service or item that has not been received yet). Claim (a service or item that has already been received). Date of service	Appeal Information		
Claim (a service or item that has already been received). Date of service 2. Authorization, referral, or claim number	1. Indicate the type of appeal you are filing:		
2. Authorization, referral, or claim number	Preauthorization (a service or item that has n	ot been received yet).	
(For the correct number, refer to your Explanation of Benefits or Denial Notice.) 3. What is the service or item denied? 4. Why do you feel 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 back of this form.) If you are filing on behalf of the member, go to PacificSource.com/member/oregon/forms-and-materials.aspx: Click Forms to download the Designation of Authorized Representative PDF. Complete the Designation of Authorized Representative form and include it when submitting this Member Appeal Form. Representative name ———————————————————————————————————	Claim (a service or item that has already been	n received). Date of service	
4. Why do you feel 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 back of this form.) If you are filing on behalf of the member, go to PacificSource.com/member/oregon/forms-and-materials.aspx: Click Forms to download the Designation of Authorized Representative PDF. Complete the Designation of Authorized Representative form and include it when submitting this Member Appeal Form. Representative name			
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 back of this form.) If you are filing on behalf of the member, go to PacificSource.com/member/oregon/forms-and-materials.aspx : Click Forms to download the Designation of Authorized Representative PDF. Complete the Designation of Authorized Representative form and include it when submitting this Member Appeal Form. Representative name	3. What is the service or item denied?		
accelerated review, see Expediting Your Appeal on the back of this form.) If you are filing on behalf of the member, go to PacificSource.com/member/oregon/forms-and-materials.aspx : Click Forms to download the Designation of Authorized Representative PDF. Complete the Designation of Authorized Representative form and include it when submitting this Member Appeal Form. Representative name	4. Why do you feel the service or item should be co	overed?	
accelerated review, see Expediting Your Appeal on the back of this form.) If you are filing on behalf of the member, go to PacificSource.com/member/oregon/forms-and-materials.aspx : Click Forms to download the Designation of Authorized Representative PDF. Complete the Designation of Authorized Representative form and include it when submitting this Member Appeal Form. Representative name			
Click Forms to download the Designation of Authorized Representative PDF. Complete the Designation of Authorized Representative form and include it when submitting this Member Appeal Form. Representative name			received yet. (To qualify for an
	Click Forms to download the Designation of Author	orized Representative PDF. Comple	
Relationship to member Phone	Representative name		
	Relationship to member		Phone

Mail or fax this form to:

PacificSource Health Plans Appeal and Grievance Department, P.O. Box 7068, Springfield, OR 97475-0068.

Fax: (541) 225-3628.

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 calendars 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.

For more information about the appeals process

If you have questions about how appeals are processed, please refer to your Member Handbook. Or you can visit us online at **PacificSource.com** or call Customer Service at (541) 225-3771 or toll-free at (888) 863-3637. TTY (800) 735-2900.