



Request for Appeal Form

- Standard appeal
- Fast appeal (if your condition is urgent, see your member handbook for more details)

To ask for an appeal, please fill in the information below and return it us. It will help us look at your request. We'll send you a letter within five calendar days to let you know we got the form. You can also call us at **844-521-6941 (TTY 711)**, Monday through Friday from 7 a.m. to 7 p.m. to request an appeal over the phone. Be sure to have the information below so we can process your appeal as quickly as possible. For a standard appeal, we'll send you a letter within 30 calendar days after we get the form to let you know what we decided.

Member name: _____
 Parent or legal guardian's name (if service is for a child): _____
 Healthy Blue ID number: _____
 Member phone number: _____
 Reference number (located on your denial letter): _____
 Name of doctor who wants to give or who gave you the service: _____
 Doctor's office address: _____

Doctor's office phone number(s): _____ / _____
 Type of service you want or received: _____
 Why you want or got the service: _____
 Date you had or want to have the service: _____
 Why you are asking for an appeal: _____

Complete, sign and send this form using one of the following options:

- Fax: 888-873-7038
- Email: la1appeals@healthybluel.com
- Mail:

Central Member Appeals Processing
 Healthy Blue
 P.O. Box 62429
 Virginia Beach, VA 23466-2429

Be sure to include a phone number where you can be reached if we have any questions.

By signing this form, we have the right to get medical records needed to complete an administrative review.

Signature: _____
 Member, parent/legal guardian, or approved representative*

Date: _____

* An approved representative must be named by the member, parent, or legal guardian. The provider may act on behalf of the member with the member's and/or responsible party's written consent. An approved representative cannot make healthcare decisions that involve the financial duty of the member, parent, or legal guardian unless it is put in writing.

Do you need help with your healthcare, talking with us, or reading what we send you? Call us toll free at 844-521-6941 (TTY 711) to get this for free in other languages or formats.

¿Necesita ayuda con su atención médica? ¿Necesita ayuda para leer lo que le enviamos o para hablar con nosotros? Llámenos al número gratuito 844-521-6941 (TTY 711) para conseguir esta información sin costo en otros idiomas o formatos.

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