



Request for Continuation of Benefits Form

Thank you for choosing Healthy Blue as your health care plan. You have asked for an appeal. If you are getting approved Healthy Blue services now, you can ask to keep getting these services during your appeal review. This is called continuation of benefits. It is for approved Healthy Blue services you are getting now, including:

- Inpatient stays
- Outpatient services

We will pay for continuation of health care services you get during the appeal and state fair hearing review if the decision is in your favor. If the decision is made in favor of Healthy Blue, you must pay for any and all charges during this time.

We must get your request for a continuation of benefits within 10 days from the date of the attached letter. Your first request may be verbal. But you must also ask in writing. If you want to keep getting benefits during the appeal, please fill out and sign this form.

Member Name: _____
 Parent's or Guardian's Name (if service is for a child): _____
 Healthy Blue ID #: _____
 Reference #: _____
 Name of doctor who wants to give or who gave you the service: _____
 Type of service you want to continue getting: _____

Sign and send this form to:

Central Appeals Processing
 Healthy Blue
 P.O. Box 62429
 Virginia Beach, VA 23466-2429
 Fax: 1-888-873-7308

By signing this form, you know that if your services continue and the services were not medically necessary or right, you must pay for these services.

Signature: _____ Date: _____
 Member, Parent, Legal Guardian or Approved Representative*

*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 health care 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

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

1-844-521-6941 (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 1-844-521-6941 (TTY 711) para conseguir esta información sin costo en otros idiomas o formatos.

«PCP_PRCP_FIRST_NAME» «PCP_PRCP_LAST_NAME»
«PCP_PRAD_ADDR1» «PCP_PRAD_ADDR2» «PCP_PRAD_ADDR3»
«PCP_PRAD_CITY», «PCP_PRAD_STATE» «PCP_PRAD_ZIP»