



APPEAL FORM

Inquirer Name \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to subscriber:  
 self    spouse  
 child    other \_\_\_\_\_

Subscriber Name \_\_\_\_\_

Group Number \_\_\_\_\_

Identification Number \_\_\_\_\_

Patient Name \_\_\_\_\_

What is your appeal/concern regarding? \_\_\_\_\_

Claim numbers in question:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of service:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide narrative description of the appeal or problem in the space provided or attach a separate sheet (include names and dates when possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like from our review? \_\_\_\_\_  
\_\_\_\_\_

I hereby authorize you to forward a copy of this information to the provider, if necessary, to conduct our internal review of the situation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## APPEAL PROCEDURES

For specific details on the Appeal Process, please refer to your summary plan description.

You or your designated representative may appeal a denial or partial denial of your claim by following our appeal procedure. If you wish to file an appeal, please follow these steps:

- A. You may submit any documents, records, or other information that relates to your claim for benefits. You may file a formal written appeal by returning the appeal form and any supporting documentation. Notice of the resolution will be provided in writing and mailed to you within 30 days after the formal appeal is filed. If a decision cannot be made within 30 days due to circumstances outside of our control, we may take an additional 14 days to notify you, provided we notify you in advance of the extension and the reasons for the delay.
- B. **If your group health plan is subject to ERISA**, once you have completed the formal appeal process, you have the right to file suit in Federal Court under Section 502(a) of ERISA.

Please send completed form to:

BlueLink®  
P.O. Box 64668  
St. Paul, MN 55164

Customer Service  
1-866-477-1587  
651-662-4593