

Appeal Form

USE THIS FORM FOR APPEALS ABOUT DENIED BENEFITS OR A CLAIM

Subscriber Name _____ Subscriber ID _____

Street Address _____ City _____ State _____

ZIP _____ Home Ph# (_____) _____ Work Ph# (_____) _____

Provider _____ Patient Name (person mentioned in the appeal) _____

Date of Birth ____/____/____ Date(s) of Service ____/____/____ to ____/____/____

Ask for an expedited appeal (pre-service only)

A. WHAT IS THE REASON FOR YOUR APPEAL?

B. WHAT WOULD YOU LIKE US TO DO?

C. HOW WOULD YOU LIKE US TO CONTACT YOU ABOUT THIS APPEAL?

Email _____ Fax: _____ Mail to the above address

SIGNATURE

Please attach copies of any records (such as bills or letters from doctors) and send them by email, fax or mail.

- > Email: **appeals@imail.org**
- > Fax: **801-442-0762**
- > Mail: Address as shown above

I GIVE SELECTHEALTH PERMISSION TO LOOK INTO MY APPEAL. I UNDERSTAND THAT SELECTHEALTH MAY NEED TO CONTACT THE PROVIDER AND/OR REVIEW MY RECORDS.

Signature _____ Date ____/____/____
Subscriber or Patient

Fair Treatment Notice

SelectHealth obeys Federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

We provide free:

- > Aid to those with disabilities to help them talk with us. This may be sign language interpreters or info in other formats (large print, audio, electronic).
- > Help for those whose first language is not English, such as interpreters or member materials in other languages.

Need help? Call SelectHealth Member Services at **800-538-5038**.

If you feel you've been treated unfairly, call SelectHealth 504/Civil Rights Coordinator at **1-844-208-9012** (TTY Users: 711) or the Compliance Hotline at **1-800-442-4845** (TTY Users: 711). You may also call the Office for Civil Rights at **1-800-368-1019** (TTY Users: **1-800-537-7697**).

Language Access Services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a SelectHealth.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 SelectHealth

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số SelectHealth.

통지: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

SelectHealth. 번호로 전화해 주십시오.

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'd , "é'et'áá jiiik'eh, éí ná hółq , 'kojį' hódíłlnih SelectHealth.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa SelectHealth.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: SelectHealth.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Позвоните SelectHealth.

ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Contactez SelectHealth.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。SelectHealth. まで、お電話にてご連絡ください。

ማሳሰቢያ: አማርኛ የሚናገሩ ስዞህን፣ የቋንቋ ጽጋፍ አገልግሎቶች ያለክፍያ ለእርስዎ ይገኛሉ። SelectHealth ን ያናግሩ።

ПАЖЊА: Ако говорите Српски, бесплатне услуге помоћи за језик, биће вам доступне. Контактирајте SelectHealth.

تنبيه: إذا كنت تتحدث عربي، فستتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل بـ SelectHealth.

توجه: اگر بہ زبان را وارد کنی صحبت می‌کنید، خدمات کمک زبانی، بصورت رایگان در اختیار شماست. با SelectHealth تماس بگیرید.

หมายเหตุ: หากคุณพูด ใสภาษา, การบริการภาษา โดยไม่มีค่าใช้จ่าย มีพร้อมบริการให้กับคุณ ติดต่อ SelectHealth

SelectHealth: **1-800-538-5038**