



Select Health

P.O. Box 30192
Salt Lake City, UT 84130-0192
Phone 844-208-9012
selecthealth.org

Select Health Community Care® Appeal Form

USE THIS FORM FOR APPEALS ABOUT DENIED BENEFITS OR A CLAIM

Member Name \_\_\_\_\_ Member ID# \_\_\_\_\_
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
ZIP \_\_\_\_\_ Home Ph# ( \_\_\_\_\_ ) \_\_\_\_\_ Provider \_\_\_\_\_
Name (If you are not the member) \_\_\_\_\_
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date(s) of Service \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_
[ ] Ask for a quick appeal (pre-service only) [ ] Ask to continue benefits (see below)

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

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

- While an appeal is pending, you may ask to keep your benefits if: (a) you filed the appeal quickly, (b) the service was preauthorized, and (c) the time frame covered by the authorization has not ended. If the appeal is denied, you will have to pay for the cost of the care.
If you need help filling out this form, please call us at 844-208-9012

# Fair Treatment Notice

Select Health 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 Select Health Member Services at **800-538-5038**.

If you feel you've been treated unfairly, call Select Health 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 Select Health.

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 Select Health

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

통지: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Select Health. 번호로 전화해 주십시오.

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। Select Health मा फोन गर्नुहोस्।

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

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

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

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

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。Select Health. まで、お電話にてご連絡ください。

ማሳሰቢያ: ከማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎቶች ያለክፍያ ለእርስዎ ይገኛሉ። Select Health ን ያናግሩ።

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

تامدخ لكل رفوتت سف، یبرع ترحت تنك اذا یدی بنات  
Select Health. اب لصرتا. اناجم فیوغلل اذع اسملا

تامدخ، یدی نکی م تب حص ینی ن ک دراو ار نابز هب رگا : هجوت  
اب. ت سامش رای تخ ارد ناگیار تروصب، ینی نابز کم ک  
یدی ری گب سامت Select Health

หมายเหตุ: หากคุณพูด ใ้ภาษา, การบริการภาษา โดย  
ไม่มีค่าใช้จ่าย มีพร้อมบริการให้กับคุณ ติดต่อ Select  
Health

**Select Health: 1-800-538-5038**