

MEMBER APPEAL FORM

IMPORTANT: DMBA must receive this appeal request within 12 months of the date of the initial benefit denial notice. Failure to file a timely appeal will bar you from any further review of this benefit denial under these procedures or in a court of law.

TYPE OF APPEAL (CHOOSE ONE BELOW)

- | | | | |
|--|-------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Medical/Dental preauthorization | <input type="checkbox"/> FSA | <input type="checkbox"/> Disability | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Medical/Dental claim | <input type="checkbox"/> Life | <input type="checkbox"/> Savings | |

FOR PHARMACY APPEALS: Contact Navitus Health Solutions at 833-354-2226 or Navitus MedicareRx at 866-270-3877.

FOR URGENT APPEALS

- ☐ **IMPORTANT:** Check here if the denied benefits are for an urgent situation. An urgent situation is one in which the normal time for deciding non-urgent appeals (generally 30 days) could either (a) seriously jeopardize the patient's life, health, or ability to regain maximum function; or (b) in the opinion of a physician with knowledge of the patient's condition, subject the patient to severe pain that cannot be adequately managed without the care or treatment under review.

APPEAL INFORMATION

DMBA ID #: _____ Claim/preauthorization #: _____ Service date(s): _____

Contract holder: _____ Patient: _____

Patient address: _____

Person filing the appeal: _____

Signature of person filing the appeal: _____ Date: _____

Relationship to patient: ☐ Self ☐ Spouse ☐ Child ☐ Other _____

IMPORTANT: If you are not the patient or the parent/legal guardian of a patient who is younger than 18, please contact DMBA for information on how the patient can designate an authorized representative.

Daytime phone: _____ Email: _____

Tell us below why these benefits should be approved. Attach additional pages and relevant documentation, such as a physician's letter, medical records, or other supporting documentation, as necessary: _____

Please send all documentation, including this form, to DMBA by mail or fax via the contact information below. You may also log into www.dmba.com and send a secure message through *My Messages*. (Be sure to attach any additional documentation.) Please keep copies of this form, your denial notice, and all documents and correspondence related to this appeal.

**Please return this completed form to DMBA, P.O. Box 45530, Salt Lake City, Utah 84145-0530, or fax it to 801-578-5901.
For questions, visit www.dmba.com or call us at 801-578-5600 or toll free at 800-777-3622.**