



APPEAL REQUEST FORM

Name of Person Filing Appeal _____	
Relationship to Covered Person <input type="checkbox"/> Covered Person/Applicant	
<input type="checkbox"/> Authorized Representative <i>(please complete the Appointment of Authorized Representative section)</i>	

CONTACT INFORMATION OF AUTHORIZED REPRESENTATIVE (IF APPLICABLE)

Mailing Address	City	State	Zip Code
Daytime Phone		Evening Phone	
Email Address		Fax	

COVERED PERSON/APPLICANT INFORMATION

First Name	Last Name	Member ID Number	
Mailing Address	City	State	Zip Code
Daytime Phone		Evening Phone	
Email Address		Member Date of Birth	

TREATING PHYSICIAN/HEALTHCARE PROVIDER INFORMATION

Name	Phone Number		
Mailing Address	City	State	Zip Code
Email Address		Fax Number	
Contact Person	Phone Number		

POST SERVICE

Claim Number(s)	Date(s) of Service
Provider(s)	

PRE-SERVICE

Authorization Number

Service Requested

Request Expedited Review Yes No

DESCRIPTION AND REASON FOR APPEAL (ATTACH ADDITIONAL DOCUMENTATION, IF APPLICABLE)

[Empty box for description and reason for appeal]

Appeal Specifications

Appointment of Authorized Representative (complete when someone else is representing you in this appeal)

You may represent yourself, or you may ask another person, including your treating healthcare provider, to act as your authorized representative. You may revoke this authorization at any time.

I hereby authorize _____ to pursue my appeal on my behalf.

Signature of Covered Person (or legal representative*)

Date

Member Signature

Date

Representative's Signature* (with AOR form or POA attached, if applicable)

Date

*Please specify spouse, caretaker, conservator or other

Send this form and a copy of your notice of final adverse benefit determination to one of the following:

PrimeTime Health Plan Appeals

PO Box 6029 Canton, OH 44706 | Fax: 330-363-3066 | Email: pthpappeals@aultcare.com

Keep copies of this form, your Notice of Final Adverse Benefit Determination and all documents and correspondence related to this claim.

For more information, please contact PrimeTime Health Plan at 1-800-577-5084 or TTY users can call 711, Monday-Friday from 8 a.m. to 8 p.m. (Oct. 1 - March 31, we are available 7 days a week from 8:00 a.m. to 8:00 p.m.), or visit www.pthp.com.