

## 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 complies with Federal civil rights laws. We do not discriminate or treat you differently because of your race, color, national origin, age, disability, or sex.

We provide free:

- > Aid to those with disabilities to help them communicate with us, such as sign language interpreters and written information in other formats (large print, audio, electronic formats, other).
- > Language help for those whose first language is not English, such as Interpreters and member materials written in other languages.

For help, call SelectHealth Member Services at **1-800-538-5038** or SelectHealth Advantage Member Services at **1-855-442-9900** (TTY Users: 711).

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.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. SelectHealth. 번으로 전화해 주십시오.

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dę'ę', t'áá jiik'eh, éi ná hółq', kojí' hódíílnih SelectHealth.

ध्यान दनुहोस्: तपार्इंले नेपाली बोलनुहुन्छ भने तपार्इंको नमितिभाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । SelectHealth मा फोन गर्नुहोस्।

**FAKATOKANGA'I:** Kapau 'oku ke lea fakatonga, ko e kau fakatonu lea te nau tokoni atu ta'etotongi, pea te ke lava 'o ma'u ia. Telefoni ki he SelectHealth.

**ОБАВЕШТЕЊЕ:** Ако говорите српски језик, услуге језичке помоћи доступне су вам бесплатно. Позовите 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.

تدع اسمك لتامدخ نإف، ةيبرعلا ثدحتت تنك اذا: ةظوحلم  
تكرشب ل لصتا. ن اجم اب كل رف اوتت ةي وغلل  
SelectHealth.

សមគាល់: បីសិនជាអ្នកនិយាយ ភាសាខ្មែរ  
ស្នើរវាជំនួយជូនកែភាសា ជាយមិនគិតថ្លៃ  
គឺអាចមានសំរាប់ អ្នក។ សូមទូរស័ព្ទមក  
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。

**SelectHealth: 1-800-538-5038**  
**SelectHealth Advantage: 1-855-442-9900**

