

Instructions for Submitting an Appeal

To Appeal a Denied Claim

If you feel your claim was denied in error, you have the right to file an appeal by writing a letter that explains why you believe the claim should be approved:

1. Your appeal must be submitted in writing and mailed to:
Choice Claims Appeal Board
P.O. Box 2205
South Burlington, VT 05407 or by
Fax: 1.877.723.0148
2. Your appeal must be received within 180 days of the date you receive notice that your claim was denied.
3. If your claim was never received, your appeal, with proof of timely claims submission, must be received by the claim-it-by date for the plan.
4. You are welcome to submit additional information related to your claim along with your appeal, such as: written comments, documents, records, a letter from your health care provider indicating medical necessity of the denied product or service, any other information you feel will support your claim.
5. You can request copies of all documents and information related to your denied claim. These will be provided at no charge.

Appeal Review Process

- Your appeal will be reviewed by a person who was not involved with the initial claim denial and who is not a subordinate of any person who was.
- The review will be a fresh look at your claim and appeal without deference to the initial denial and will take into account all information submitted with your claim and/or appeal.
- You will be notified of the decision regarding your appeal in writing by Choice Strategies within 30 days of receipt of your written appeal.

Appeals Form

Instructions: Appeals may be submitted using this form, and should be accompanied by documents to support your appeal, including the claim denial letter you received.

*** INDICATES A REQUIRED FIELD.**

MEMBER INFORMATION	
*Company Name:	
*Employee First Name:	MI: *Employee Last Name:
*Last Four Digits of Social:	*Date of Birth:
*Phone Number (where we can reach you with questions):	Email Address:
CLAIM INFORMATION	
*Claim Date(s) of Service:	*Claim Amount(s):
APPEAL INFORMATION	
* Appeal Summary:	
<p>Submitting Your Appeal:</p> <p>In order for your appeal to be processed, you must complete this form in full and include your claim denial letter as well as supporting documentation.</p> <p>Appeals may take up to 30 days to review and can be submitted by:</p> <ul style="list-style-type: none"> Fax: 1-877-723-0148 Mail: Choice Claims Appeal Board, P.O. Box 2205, South Burlington, VT 05407 	