PO Box 31368
Tampa, FL 33631-3368

NEBRASKA MEMBER FORMAL APPEAL FORM

Please use this form or a separate letter to request a formal appeal.
Be as complete and detailed as possible.

Member Information

Date: _____

Member Name: _____

Member ID#: _____

Member Phone: _____

Service Provided Information

Service Requested/Performed: _____

Date(s) of Service: _____

Rendering Provider: _____

Relationship to Member: ☐Self ☐Appointed Representative ☐Power of Attorney ☐Parent/Guardian

Reason Given for Denial:

☐Medical Necessity ☐Lack of Information ☐No Prior Authorization
☐Benefits Exhausted ☐Out of Network ☐Not a Covered Benefit
☐Claim Not Billed as Authorized ☐Exceeds Authorization ☐Other

I would like my appeal to be handled as: ☐ Expedited/Urgent: 72 Hours
☐ Standard Pre-service: 30 Calendar Days
☐ Standard Retrospective: 45 Calendar Days

If you feel your request should be handled as Expedited/Urgent, please explain why:

_____
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Please explain the reason for your appeal:

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Signature: _____

We can help if you speak a different language or need something in Braille or audio. We can provide translations, alternate formats and interpretation services. These services are at no cost to you. Just give us a call toll-free at **1-855-599-3811** (TTY **1-877-247-6272**).

Podemos ayudarlo si usted habla un idioma diferente o necesita algo en Braille o audio. Podemos proporcionar traducciones, formatos alternativos y servicios de interpretación. Estos servicios son sin costo para usted. Simplemente llámenos sin cargo al **1-855-599-3811** (TTY **1-877-247-6272**).