



**IMPERIAL
HEALTH PLAN**
OF CALIFORNIA

**IMPERIAL HEALTH PLAN (HMO) (HMO SNP)
WRITTEN APPEAL FORM (PART C & D)**

You have a right to an appeal if you believe you are entitled to a service or benefit that has been denied. An **expedited** appeal is only available when the standard process could seriously jeopardize life, health, or the ability to regain maximum function. Expedited requests not meeting one of these criteria will be transferred to the **standard** process. **ALL CLAIM APPEALS ARE PROCESSED AS STANDARD APPEALS.**

Please print or type the following information:

Member Name (Last Name, First, Middle Initial)

Address

Home Phone Number

City, State, Zip

Alternate Phone Number

Member ID #

Date of Birth

Please describe what was denied and why you believe you are entitled to the denied services or benefit. Please attach copies of any additional information that may be relevant to your appeal (i.e., denial letter, medical records, etc. Use another sheet of paper if necessary).

Member Signature _____

Date _____

Signature of Representative _____

Date _____

If the appeal is filed by someone other than the member, please fill out and sign the **Appointment of Representative Form** available on the Imperial Health Plan website www.imperialhealthplan.com and submit it with this form. Additional information regarding the AOR process can be found on the next page.



HOW TO SUBMIT YOUR APPEAL

You may file an appeal by:

- **Fax:** Submitting a written appeal or a completed Imperial Health Plan Appeal Request Form by fax to **1-626-380-9049**.
- **Email:** appealsgrievances@imperialhealthplan.com with a completed Imperial Health Plan Appeal Request Form.
- **Send a letter to us. Mail your written request to:**

**Imperial Health Plan
Attn.: Appeals & Grievances
PO Box 60874
Pasadena, CA 91116**

Appeal Processing Times:

Medicare Part C - (Medical Services)

Standard pre-service = 30 Days

Standard post-service and all Claims = 60 days

Expedited = 72 Hours

Medicare Part D - (Prescription Drugs)

Standard = 7 Days

Expedited = 72 Hours

An enrollee may appoint any individual (such as a relative, friend, advocate or an attorney) to act as his or her representative. To be appointed by an enrollee, both the enrollee making the appointment and the representative accepting the appointment (including attorneys) must sign, date, and complete a representative form or an equivalent written notice. An "equivalent written notice" is one that:

- Includes the name, address, and telephone number of enrollee;
- Includes the enrollee's Medicare Beneficiary Identifier (MBI);
- Includes the name, address, and telephone number of the individual being appointed;
- Contains a statement that the enrollee is authorizing the representative to act on his or her behalf for the claim(s) at issue, and a statement authorizing disclosure of individually identifying information to the representative;
- Is signed and dated by the enrollee making the appointment; and
- Is signed and dated by the individual being appointed as representative, and is accompanied by a statement that the individual accepts the appointment.

This form can be found on our website at www.imperialhealthplan.com. Should you need assistance while filling out any of these forms you can call Imperial Health Plan Member Services at **1-800-838-8271 TTY: 711**. A

representative will be available to assist you **8:00 a.m. to 8:00 p.m., 7 days a week, October 1 through March 31 (except holidays) and 8:00 a.m. to 8:00 p.m., Monday through Friday, April 1 through September 30.**

Imperial Health Plan (HMO) (HMO SNP) is dedicated to ensuring their members have a complete understanding of their Medicare rights, protections and responsibilities as an Imperial Health Plan member. **Should you have additional questions, please call Imperial Health Plan Member Services at the telephone number listed above.**

Imperial Health Plan is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan depends on contract renewal.

Imperial Health Plan of California (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).

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 1-800-708-5976 (TTY : 711).