



Medicare Advantage Request for Appeal

Because BlueCross BlueShield of Western New York denied your request for coverage of (or payment for) medical benefits, you have the right to ask us for an appeal of our decision. You have 60 days from the date of our written denial notice to ask us for an appeal.

Note about Representatives: Your physician may ask us for an appeal on your behalf. If you want another individual (such as a family member or friend) to request an appeal for you, that individual must be your representative. Upon receipt of this form, if someone other than the member is appealing the denial of a service or claim, a signed Authorization of Representation (AOR) form is required. If that person is Power of Attorney, only copies of the POA papers are required. **Please note:** A treating physician MAY appeal the denial of a **pre-service** authorization or RX without an AOR form. Participating providers may not appeal post service.

Enrollee Information

Member's Name _____ Date of Birth _____

Member's Identification Number _____

Member's Address _____

Service Request

What are you appealing?

(next page, please)

9800 (LRG)

Reasons for appealing

Additional Evidence (Example: medical records, doctor's letters, other information that explains why we should reconsider this service, etc.)

Signature

Appellant Signature _____ Date _____

Printed Name _____ Phone _____

Address (if not the member) _____

Please return to:

**BlueCross BlueShield of Western New York
PO Box 5204
Binghamton, NY 13902**

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BlueCross BlueShield of Western New York is a Medicare Advantage plan with a Medicare contract and enrollment depends on contract renewal.