



APPEAL FORM

Inquirer Name _____

Daytime Phone Number _____

Address _____

Relationship to subscriber:

self spouse

child other _____

Subscriber Name _____

Group Number _____

Identification Number _____

Patient Name _____

What is your appeal/concern regarding? _____

Claim numbers in question: _____

Date of service: _____

Please provide narrative description of the appeal or problem in the space provided or attach a separate sheet (include names and dates when possible):

What would you like from our review? _____

I hereby authorize CCStpa to forward a copy of this information to the provider, if necessary, to conduct our internal review of the situation.

Signature _____ Date _____

COMPLAINT PROCEDURES

If you disagree with an action taken by Comprehensive Care Services, Inc. (CCS), call customer service for an explanation. If you are not satisfied with the explanation, you may request a formal review of your concerns through our appeal procedure.

You have a right to have someone act on your behalf. If you wish to designate someone to act on your behalf, ask our customer service for an Authorization for Release of Information form.

APPEAL PROCEDURES

For specific details on the Appeal Process, please refer to your summary plan description.

You or your designated representative may appeal a denial or partial denial of your claim by following our appeal procedure. If you wish to file an appeal, please follow these steps:

- A. You may submit any documents, records, or other information that relates to your claim for benefits. You may file a formal written appeal by returning the appeal form and any supporting documentation. A full and fair review of your appeal will be provided. Notice of the resolution will be provided in writing and mailed to you within 30 days after the formal appeal is filed. If a decision cannot be made within 30 days due to circumstances outside of our control, we may take an additional 14 days to notify you, provided we notify you in advance of the extension and the reasons for the delay.
- B. If you are not satisfied with our decision, you may have additional voluntary appeal rights. These options include a hearing and/or a written reconsideration process. We will notify you of your further appeal rights, as described in your summary plan description, in our written response to your initial appeal.
- C. **If your group health plan is subject to Employee Retirement Income Security Act (ERISA)**, once you have completed the formal appeal process, you have the right to file suit in Federal Court under Section 520(a) of ERISA.

Please send completed form to:

Comprehensive Care Services
P.O. Box 64668 Route S150
St. Paul, MN 55164-0668

Customer Service
1-800-365-2735
651-662-5940