



In an effort to assist you in the appeals process, below is a checklist of information that you may wish to provide to ensure that we have all of the facts regarding your case prior to reviewing and making a determination. Although none of the following are required to initiate or process an appeal, it would serve your best interests to provide as much information as possible.

- Member's name and ID number
- Member's and/or Member's Authorized Representative's mailing address
- Provider's name
- Service date and services being denied
- Explanation of why the Health Plan should "reverse" the Adverse Benefit Determination i.e.,;
 - √ Please submit any new documentation that explains how the patient does meet medical criteria.
- Copies of any documentation that supports the request to reverse the denial decision, such as the relevant section in their Member Handbook i.e.,;
 - √ Please submit any new documentation from your member materials that refutes denial language/benefit determination.
- Written comments, documents, records and other information relevant to the Appeal.
 - √ If submitting an appeal, please submit all relevant medical records and information relating to your condition that is being appealed and reasoning as to why the adverse determination is wrong.

This information and anything else you feel is important for consideration may be submitted to the Appeals department via fax at 801-323-6050 or mailed to:

Appeals Department
10421 South Jordan Gateway, Suite 400
South Jordan, UT 84095

If you have any questions, concerns, or need help through the appeals process feel free to call Customer Service at the number on the back of your ID card.

Sincerely,

Appeals Department