



Member Appeal Form

Complete and mail or fax to:

Allwell/Attention: Appeals & Grievances/Medicare Operations

7700 Forsyth Blvd, St. Louis, MO 63105

Fax: 1-844-273-2671

As a member of Allwell you have the right to file an appeal for any denials related to medical services (Part C) or prescription drug (Part B) coverage. All **standard** appeal requests must be filed in writing. You may file **expedited*** appeal requests in writing or by calling Member Services at 1-855-565-9518 for HMO TTY: 711. From October 1 through March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. From April 1 through September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. A messaging system is used after hours, weekends, and on Federal holidays. Allwell will give you a decision within the following timeframes from receiving your request:

Standard Medical Pre-Service Appeals: **30 calendar days**

Standard Part B Prescription Drug Related Appeals: **7 calendar days**

Expedited Medical Pre-Service Appeals: **72 hours**

Expedited Part B Prescription Drug Related Appeals: **72 hours**

Appeals related to payment issues For Part C and Part B drugs will be given a standard appeal decision within 60 calendar days of request receipt. If we need more information and the delay is in your best interest or if you ask for more time, we have up to 14 more calendar days for Part C Pre Service. We will tell you or your representative in writing if we decide to take extra days to make the decision.

** **Expedited appeals** mean you feel that using the standard deadlines could cause serious harm to your life or health or jeopardize your ability to regain maximum function. You must also be asking for coverage for medical care or a drug you have not yet received.*

Member's Name: Last _____ First _____

Medicare ID Number: _____

Member Date of Birth: _____

Relationship to Member* (please choose one): Self Parent Legal Guardian Spouse

Other: _____

**If other than "Self" is selected, proof of guardianship, power of attorney or an Appointment of Representative (AOR) form will be required. The AOR form can be found on our website.*

Name of Person Submitting the Appeal: _____

Phone Number(s): Home: _____ Cell: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Physician: _____

Appeal Type (please choose one):

- Standard Pre-Service (Medical) Appeal – (30 calendar days review)
- Expedited Pre-Service (Medical Appeal – (72 hours review)
- Standard Part B (Prescription Drug) Appeal – (7 calendar days review)
- Expedited Part B (Prescription Drug) Appeal – (72 hours review)
- Standard Payment Issues Appeal (Part C and Part B drugs) – (60 calendar days review)

What was denied? (Please include a copy of the denial letter.)

Why do you think you should have this/these medical service(s)/prescription or payment?

What is the best way to reach you regarding this appeal? (please choose one): Phone Email
 Other: _____

Signature of Person Appealing: _____ Date: _____

If you have any questions please call our Member Services number at 1-855-565-9518 for HMO. TTY: 711. From October 1 through March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. From April 1 through September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. A messaging system is used after hours, weekends, and on Federal holidays.

For Administrative Use Only

Appeal Number: _____ Date Received: _____

Section 1557 Non-Discrimination Language
Notice of Non-Discrimination

Allwell complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Allwell:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Allwell's Member Services at: 1-855-565-9518 (HMO), (TTY: 711). From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Allwell has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Allwell's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Arkansas | For Medicare: 1-855-565-9518 (HMO), (TTY: 711)

English: Language assistance services, auxiliary aids and services, and other alternative formats are available to you free of charge. To obtain this, please call the number above.

Español (Spanish): Servicios de asistencia de idiomas, ayudas y servicios auxiliares, y otros formatos alternativos están disponibles para usted sin ningún costo. Para obtener esto, llame al número de arriba.

Tiếng Việt (Vietnamese): Các dịch vụ trợ giúp ngôn ngữ, các trợ cụ và dịch vụ phụ thuộc, và các dạng thức thay thế khác hiện có miễn phí cho quý vị. Để có được những điều này, xin gọi số điện thoại nêu trên.

Kajin Majol (Marshallese): Jiban ikijen ukok. Jiban ikijen konono im makitkit, im wawin jermal ko jet enaj iwoj nan iok ilo ejelok onen. Nan bok menin, jouij im kirlok nomba in ijin ilon.

简体中文(Chinese): 可以免费为您提供语言协助服务、辅助用具和服务以及其他格式。如有需要, 请拨打上述电话号码。

ລາວ (Laotian): ບົວການໃຫ້ຄວາມຊ່ວຍເຫຼືອດ້ານພາສາ, ບົວການແລະຄວາມຊ່ວຍເຫຼືອຕ່າງໆ, ແລະ ຮບແບບທາງອື່ນໆ ມີໃຫ້ເວົ້າຟັງ. ຫາກຕ້ອງການຊ່ວຍເຫຼືອ ກະລຸນາໃຫ້ເບີໂທລະສານຂ້າງເທິງ.

(Tagalog): Mayroon kang makukuhang libreng tulong sa wika, auxiliary aids at mga serbisyo, at iba pang mga alternatibong format. Upang makuha ito, mangyaring tawagan ang numerong nakasulat sa itaas.

العربية (Arabic): لك مجاناً. للحصول عليها خدمات المساعدة اللغوية والمعينات والخدمات الإضافية وغيرها من الأشكال البديلة متاحة، أعلاه يرجى الاتصال بالرقم

Deutsch (German): Sprachunterstützung, Hilfen und Dienste für Hörbehinderte und Gehörlose sowie weitere alternative Formate werden Ihnen kostenlos zur Verfügung gestellt. Um eines dieser Serviceangebote zu nutzen, wählen Sie die o. a. Rufnummer.

Français (French): Des services gratuits d'assistance linguistique, ainsi que des services d'assistance supplémentaires et d'autres formats sont à votre disposition. Pour y accéder, veuillez appeler le numéro ci-dessus.

Ntawv Hmoob (Hmong): Muaj kev pab txhais lus, khoom pab mloog txhais lus thiab lwm yam kev pab pub dawb rau koj. Xav tau tej no, thov hu rau tus nab npawb saum toj saud.

한국어(Korean): 언어 지원 서비스, 보조적 지원 및 서비스, 기타 형식의 자료를 무료로 이용하실 수 있습니다. 이용을 원하시면 상기 전화번호로 연락해 주십시오.

Português (Portuguese): Serviços de assistência linguística, ajudas e serviços auxiliares e outros formatos alternativos estão disponíveis gratuitamente para você. Para os obter, ligue para o número indicado acima.

日本語 (Japanese): 言語支援サービス、補助器具と補助サービス、その他のオプション形式を無料でご利用いただけます。ご利用をお考えの方は、上記の番号にお電話ください。

हि(Hindi): भाषा सहायता सेवाएं, सहायक उपकरण और सेवाएं, और अ य वैकल्पिक पर्यायों के लिए निः शुक्ति उपलब्ध है। इ हैं परापत करने के लिए, कृ पया उपरोक्त नंबर पर कॉल करें।

ગુજરાતી (Gujarati): ભાષા સહાય સેવાઓ, સહાયક સાધનો અને સેવાઓ, અને અન્ય વૈકલ્પિક ફોર્મેટ્સ તમારા માટે મફત ઉપલબ્ધ છે. આ મેળવવા માટે, કૃપા કરીને ઉપર નંબર પર કોલ કરો.