CDPHP® Medicare Advantage

Member Appeal Form

If you wish to file a formal appeal for CDPHP® to reverse a decision, please complete this form and return it to our appeals department. If available, please provide any additional information from providers that may help us better understand your case. The information you provide will assist us with investigating your appeal request. Please include your signature on page 2.

If someone else is completing this form for you, you must ensure that CDPHP has the appropriate forms on file. If you have selected this person to act as your representative (friend, relative, lawyer), please attach a completed Appointment of Representative form (available in the Medicare Members section on www.cdphp.com). This form will be valid from one year from the date that the form is completed and will allow your representatives access to private health information regarding your appeal.

If your representative has been granted Power of Attorney, please attach a copy of your legal papers validating this representation and/or another form recognized as valid appointment of the state.

CDPHP is unable to proceed with your appeal until valid authorization is on file.

Member Information

Name of Member Involved: _____ Member ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Name of Person Filing Appeal (if different): _____

Appeal Information

If claim related—claim number(s): _____

If authorization related—determination number: _____

Date(s) of Service: _____

Provider(s): _____

Provide appeal details below

(Use the back of this form if additional space is needed)

_____

_____

_____

_____

_____

Signature of Representative: _____ Today's Date: _____

Signature of Member (required): _____ Today's Date: _____

Based on the information you have provided, CDPHP will make every effort to resolve your appeal in a satisfactory and timely manner.

Return to: CDPHP
Attn: Medicare Appeals and Grievances
PO Box 66209
Albany, NY 12206

The appeal process will not begin until this form is received by CDPHP. Please return promptly!