



MEMBER APPEAL FORM

If you wish to file a formal appeal for CDPHP to reverse a decision, please complete this form and return to our Appeals Department. If available, please provide additional information from providers which may help us better understand your case. The information you provide will assist us in investigating your appeal request.

Member Information

Name of Member Involved: _____

Member ID: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Name of Person Filing Complaint (if different): _____

Provide all details of Appeal below *(Use the back of this form if additional space is needed)*

Signature: _____ Today's Date: _____
Designated Representative Signature: _____
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.

How to submit this form:

Online: Visit member.cdphp.com and log in to your CDPHP member account (or register for a new one). Select **Contact Us**, and attach the form to the **Secure Email** option. Under the subject, choose **Appeals Requests**. Note: Prior to attaching to the Secure Email option, be sure to save/download the completed form (“with your changes”) to your computer or device.

Mail: CDPHP Appeals Department
6 Wellness Way
Latham, NY 12110

Fax: (518) 641-3401, ATTN: Appeals

Phone: Call the member services phone number on your ID card to file an appeal request verbally.

CDPHP Use Only

Rep. Initials: _____ Today's Date: _____
Claim #: _____ Group #: _____
Referral #: _____ Date of Occurrence: _____