



**UNIVERSITY OF MICHIGAN
HEALTH PLAN**

UNIVERSITY OF MICHIGAN HEALTH

Please Return To: University of Michigan Health Plan

Attn: Appeals
PO Box 30377
Lansing, Michigan 48909-7877

800-832-9186 phone
517-364-8517 fax

UofMHealthPlan.org

EXTERNAL APPEAL FORM

Attach a separate page, if needed. Please retain all records, including a copy of this appeal form, a copy of the bill, and any additional information related to your appeal.

Member Name	Name of Person Completing this Form <i>If different from member</i>	Relationship to Member
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Note: *If you are representing the member in this matter, an **Authorization for Use and Disclosure of Protected Health Information form** must be on file with us. Contact Customer Service for this form.*

Member ID Number

Include entire number

L0000000-5000000000-00

Daytime Phone Number

Evening Phone Number

Best Time to Reach You

Email Address

Street Address

City, State, Zip Code

Is this regarding a service you already received? Yes No *If yes, please include a copy of the bill*

Note: *You may appeal a pre-service denial, which is also referred to as a prior authorization request denial.*

Date of Service

Amount Being Billed

Servicing Provider

Reason for Appeal

Date

Signature

We will accept your request for an appeal or grievance if the request is submitted within 180 days from the date of the denial.



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Important Information about your Rights to External Review

Who may file a request for external review?

You or someone you name to speak for you may file an appeal. We have a form you can complete if you want someone to represent you in your appeal. Contact us if you would like this form.

How do I file a request for external review?

Complete the attached form and send along with any additional information within 4 months from the date of the final internal appeal letter. You can also send a secure email to us by visiting our website, UofMHealthPlan.org. You do not have to use this form; you can send us a separate letter.

What if my situation is urgent?

If your situation meets the definition of urgent under the law, your review will be conducted within 72 hours. Generally, an urgent situation is one in which your health may be in serious jeopardy, or would jeopardize your ability to regain maximum function while you wait for a decision on your appeal. If you believe your situation is urgent, you may request an expedited external review by faxing or emailing us your request.

Can I provide additional information for the external review?

Yes, you can supply any additional information you believe is necessary at any point during the review period. If we receive additional information during our review, we will notify you and give you an opportunity to respond.

What happens next?

We will review your request to determine if the information you provided is complete. If it is incomplete, we will return your request and identify the missing information. You will have the opportunity to resubmit your request with the missing information.

If your request is complete, we will send your request to an Independent Review Organization (IRO). The IRO will determine if the issue is medical, contractual or administrative in nature. If the issue is determined to be medical in nature, you will receive a letter from the IRO acknowledging receipt and giving you additional information. If the issue is determined to be contractual or administrative, the IRO will return your request to University of Michigan Health Plan (UM Health Plan). The final decision on your request will be made by the Plan Administrator.

Additional Appeal Rights

Once you have completed the external review process, if you choose to pursue your request, your next option is to exercise your rights under Section 502e (a) of ERISA and or pursue alternative dispute resolutions by contacting the local office of the Department of Labor (DOL) as indicated in your SPD.

How do I report suspected fraud?

If you did not receive the services in question or if you suspect fraud or any illegal activity relating to your UM Health Plan benefits, let us know. You can either notify us in writing or by calling the UM Health Plan Compliance Hotline at 866-747-2667. You do not have to identify yourself.

LANGUAGE ASSISTANCE

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 800.832.9186 (TTY: 711).

Spanish: ATENCIÓN: Si habla español, puede solicitar servicios gratuitos de asistencia lingüística. Llame al 800.832.9186 (TTY: 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم): 800.832.9186 (TTY: 711)

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電800.832.9186 (TTY: 711)

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie unter 800.832.9186 (TTY: 711) an.

Italian: **ATTENZIONE:** Se parla italiano, può disporre di servizi di assistenza linguistica gratuiti. Chiamare il numero 800.832.9186 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
800.832.9186 (TTY: 711) まで、お電話にてご連絡ください

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
800.832.9186 (TTY: 711) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800.832.9186 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, вам доступны бесплатные услуги перевода. Звоните 800.832.9186 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, mayroong mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800.832.9186 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số 800.832.9186 (TTY: 711).

Bengali: লক্ষ্য করুনঃ আপনি যদি ইংরেজি ব্যতীত অন্য কোনো ভাষায় কথা বলেন,, তাহলে আপনার জন্য নিখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 800.832.9186 (TTY: 711)।

Albanian: NJOFTIM: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 800.832.9186 (TTY: 711).

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su Vam besplatno. Nazovite 800.832.9186 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Syriac:

800.832.9186 (TTY: 711) www.azdhs.gov