

Important Information about Your Appeal Rights

What if I need help understanding this denial?

Contact us at 866-560-FUND (3863) if you need assistance understanding this notice or our decision to deny you a service or coverage.

What if I don't agree with this decision? You have a right to appeal any decision not to provide or pay for an item or service (in whole or in part).

How do I file an appeal? Complete the bottom of this page, make a copy, and send this document to 303 Molnar Drive, 1st Floor, Elmwood Park, NJ 07407, ATIN: Appeals Department.

What if my situation is urgent? If your situation meets the definition of urgent under the law, your review will generally be conducted within 72 hours. Generally, an urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your physician, you may experience pain that cannot be adequately controlled while you wait for a decision on your appeal. If you believe your situation is urgent, you may request an expedited appeal by following the instructions above for filing an internal appeal.

Who may file an appeal? You or someone you designate as your authorized representative may file an

appeal.

Can I provide additional information about my claim? Yes, you may supply additional information.

Can I request copies of information relevant to my claim? Yes, you may request copies (free of charge). If you think a coding error may have caused this claim to be denied, you have the right to have billing and diagnosis codes sent to you, as well. You can request copies of this information by contacting us toll free at 866-560-FUND (3863).

What happens next? If you appeal, we will review our decision and provide you with a written determination. If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

Other resources to help you: For questions about your rights, this notice, or for assistance, you can contact: the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

Appeal Filing Form

NAME OF PERSON FILING APPEAL: _____

Circle one: Covered person Patient Authorized Representative

Contact information of person filing appeal (if different from patient)

Address: _____ **Daytime phone:** _____ **Email:** _____

If person filing appeal is other than patient, patient must indicate authorization by signing here:

Are you requesting an urgent appeal? Yes No

Briefly describe why you disagree with this decision (you may attach additional information, such as a physician's letter, bills, medical records, or other documents to support your claim):

Be certain to keep copies of all documents and correspondence related to this claim.