IMPERIAL HEALTH PLAN
OF CALIFORNIA

Imperial Health Plan of California, Inc. (HMO) (HMO SNP)

Written Appeal Form (Part C & D)

You have a right to an appeal if you believe you are entitled to a service or benefit that has been denied. Appeals must be filed within 60 calendar days from the date of the notice of the initial denial. An **expedited** appeal is only available when the standard process could seriously jeopardize life, health, or the ability to regain maximum function. Expedited requests that do not meet these criteria will be transferred to the **standard** process and can take between 30 to 60 calendar days to process depending on the type of appeal. **ALL CLAIM APPEALS ARE PROCESSED AS STANDARD APPEALS** and can take up to 60 calendar days to process.

Complete member information about the Appeal below:

Last Name: Click or tap here to enter text. **First Name:** Click or tap here to enter text. **Middle Initial:** Click or tap here to enter text.

Address: Click or tap here to enter text. **City, State, Zip:** Click or tap here to enter text.

Home Phone Number: Click or tap here to enter text. **Alternate Phone Number:** Click or tap here to enter text.

Member ID: Click or tap here to enter text. **Date of Birth:** Click or tap here to enter text.

Claim or Authorization Number: Click or tap here to enter text.

Date of Service/Request: Click or tap here to enter text. **Date of Denial:** Click or tap here to enter text.

Describe what was denied and why you believe you are entitled to the denied services or benefit. Please attach copies of any additional information that may be helpful to your appeal (i.e., denial letter, medical records, etc.) Use another sheet of paper if necessary.

Click or tap here to enter text.

Member Signature: Click or tap here to enter text. **Date:** Click or tap here to enter text.

If the appeal is filed by someone other than the member, please fill out and sign the **Appointment of Representative Form (AOR)** available on the Imperial Health Plan www.Imperialhealthplan.com and submit it with this form. Additional information regarding the AOR process can be found on the next page.

Signature of Member Representative: Click or tap here to enter text. **Date:** Click or tap here to enter text.

HOW TO SUBMIT YOUR APPEAL

You may file an appeal by:

- **Fax:** Submitting a written appeal or a completed Imperial Health Plan Appeal Request Form by fax to **1-626-380-9049.**
- **Email:** appealsgrievances@imperialhealthplan.com with a completed Imperial Health Plan Appeal Request Form.
- **Send a letter to us**. Mail your written request to:

  Imperial Health Plan
  Attn.: Appeals & Grievances
  PO Box 60874
  Pasadena, CA 91116

Appeal Processing Timeframes:

Medicare Part C - (Medical Services)
Standard pre-service = 30 days
Expedited pre-service = 72 hours
Payments = 60 days

For standard and expedited pre-service appeals we may extend the timeframe by up to 14 calendar days only if you requested the extension, or if the extension is justified and in your best interest due to the need for additional medical evidence from a non-contract provider that may change our decision to deny an item or service; or is in your best interest due to extraordinary, exigent, or other non-routine circumstances, such as a natural disaster.

If we extend the timeframe, we will notify you in writing of the reasons for the delay and inform you of the right to file an expedited grievance if you disagree with our decision to grant an extension.

Medicare Part D - (Prescription Drugs)
Standard = 7 days
Expedited = 72 hours
Payment = 14 days

Additional information regarding the AOR process:

A member can have any individual (such as a relative, friend, advocate, or an attorney) act as his or her representative. To have any individual act on your behalf, both the member and the representative must sign, date, and complete a representative form or an equivalent written notice. An "equivalent written notice" is one that:

- Includes the name, address, and telephone number of the enrollee.
- Includes the enrollee's Medicare Beneficiary Identifier (MBI) or Plan ID number.
- Includes the name, address, and telephone number of the individual being appointed.
- A written explanation of the purpose and scope of the representation
- Contains a statement that the enrollee is authorizing the representative to act on his or her behalf for the claim(s) at issue, and a statement authorizing disclosure of individually identifying information to the representative.
- Is signed and dated by the enrollee making the appointment; and
- Is signed and dated by the individual being appointed as representative and is accompanied by a statement that the individual accepts the appointment.

This representative form can be found on our website at www.imperialhealthplan.com. Should you need help completing these forms you can call Imperial Health Plan Member Services Department at 1-800-838-8271. TTY users should call 711. We are open October 1 – March 31: Monday – Sunday, from *6:00 am PST – 8:00 pm PST and April 1 – September 30: Monday – Friday, from *6:00 am PST – 8:00 pm PST, Saturday – Sunday from 10:00am – 2:00pm PST. *California Member Services opens at 8:00 am PST.

Imperial Health Plan is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan depends on contract renewal.

Imperial Health Plan of California (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711).

Imperial Health Plan of California (HMO) (HMO SNP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por cuestiones de raza, color, nacionalidad, edad, discapacidad o género.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).