**JEFFERSON HEALTH PLANS INTERNAL APPEAL REQUEST FORM**

 **Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Member ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date on the Notice of Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Would you like a copy of the information Jefferson Health Plans used to make the decision about your service or item? Yes ☐ No ☐**
2. **Do you need an interpreter or language services? Yes ☐ No ☐ Language?\_\_\_\_\_\_\_\_\_\_** (Interpreter and language services will be provided free of charge)
3. **Why do you disagree with Jefferson Health Plans’ decision?** (Attach more pages if needed. You will be able to explain why you disagree during the review.)

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1. **If someone will be helping you with your internal appeal, please provide their information:** (If you do not yet have anyone helping you, just leave this blank and you can let Jefferson Health Plansknow later if someone will be helping you.)

Representative’s name and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to enrollee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Enrollee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Send to: Jefferson Health Plans

Member Appeals Department/CGA Unit
 1101 Market Street, Suite 3000
 Philadelphia, PA 19107

 Fax number: 215-991-4105

Jefferson Health Plans is underwritten by Health Partners Plans, Inc., which is a Pennsylvania Licensed Health Maintenance Organization and Qualified Health Plan Issuer in the Pennsylvania Health Insurance Marketplace.

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