



Member Appeal Form

Complete and mail or fax to:

Absolute Total Care | Attention: Appeals & Grievances
7700 Forsyth Blvd | St Louis, MO | 63105 | Fax: 1-844-273-2671

As a member of Absolute Total Care’s Medicare-Medicaid Plan (MMP), you have the right to file an appeal for any denials related to medical service or prescription drug coverage. You may file appeal requests in writing or by calling Member Services at 1-855-735-4398 / TTY 711, from 8:00 a.m. to 8:00 p.m., seven days a week. On weekends and federal holidays, you may leave a message. Your call will be returned within the next business day. Absolute Total Care will give you a decision within the following timeframes from receiving your request:

Standard Medical Pre-Service Appeals:	15 calendar days
Standard Prescription Drug Related Appeals:	7 days
Fast coverage decisions for Medical Pre-Service Appeals:	72 hours
Fast coverage for prescription drugs:	72 hours

Absolute Total Care may need more time to make their decision and may add up to an additional fourteen (14) calendar days if the Member asks for the extension or if Absolute Total Care needs more time to make their decision. As a reminder you can find more information in Chapter 9 of the Member Handbook.

Member’s Name: Last _____ First _____

Member ID Number: _____

Member Date of Birth: _____ Name of Person Submitting the Appeal: _____

Relationship to Member* (Please choose one): Self Spouse Son/Daughter Legal Guardian
 Other: _____

**If other than “Self” is selected, required proof of guardianship, power of attorney or an Appointment of Representative (AOR) form will be required. The AOR form can be found by visiting the link below*
<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf>

Please provide member information below:

Email: _____

Phone Number(s): Home: _____ Cell: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Physician/Provider: _____

Appeal Type (please choose one):

- Standard Medical Pre-Service (Medical) Appeals – (15 day review)
- Standard Prescription Drugs Related Appeals – (7 day review)
- Fast* coverage decisions for Medical Pre-Service Appeals: – (72 hour review)
- Fast* Part D (Prescription Drug) Appeal – (72 hour review)

*Fast Coverage Decisions for Medical Pre-Service Appeals and Prescription Drug Appeals means you feel that using the standard deadlines could cause serious harm to your life or health or hurt your ability to get well. You must also be asking for coverage for medical care or a drug you have not yet received. If you are requesting an expedited or fast appeal, explain here why you need a fast appeal decision: _____

What was denied? (Please include a copy of the denial letter.)

Why do you think you should have this medical service prescription or payment?

What is the best way to reach you regarding this appeal? (Please choose one):

- Phone
- Email
- Other: _____

Signature of Person Appealing: _____

Date: _____

Absolute Total Care is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.

This information is available for free in other languages. Please call our Member Service number at 1-855-735-4398. TTY users call 711. Member Service hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

Esta información está disponible gratis en otros idiomas. Comuníquese por favor con nuestro número de Servicios para Afiliados en el 1-855-735-4398. Usuarios de TTY deben llamar al 711. El horario de atención para Servicios al Afiliado es de 8 a.m. a 8 p.m., siete días a la semana. Los fines de semana y feriados federales, es posible que le pidan que deje un mensaje. Su llamada será devuelta dentro del próximo día hábil. La llamada es gratis.

For Administrative Use Only

Appeal Number: _____ *Date Received:* _____