Medicare Advantage Plan *by PTHP*

APPEAL REQUEST FORM

Name of Person Filing Appeal ______________________________

Relationship to Covered Person ☐ Covered Person/Applicant
☐ Authorized Representative *(please complete the Appointment of Authorized Representative section)*

CONTACT INFORMATION OF AUTHORIZED REPRESENTATIVE (IF APPLICABLE)

Mailing Address	City	State	Zip Code
Daytime Phone		Evening Phone	
Email Address		Fax	

COVERED PERSON/APPLICANT INFORMATION

First Name	Last Name	Member ID Number	
Mailing Address	City	State	Zip Code
Daytime Phone		Evening Phone	
Email Address		Member Date of Birth	

TREATING PHYSICIAN/HEALTHCARE PROVIDER INFORMATION

Name		Phone Number	
Mailing Address	City	State	Zip Code
Email Address		Fax Number	
Contact Person		Phone Number	

POST SERVICE

Claim Number(s)	Date(s) of Service
Provider(s)	

PRE-SERVICE	
Authorization Number	Service Requested
Request Expedited Review ☐ Yes ☐ No	

DESCRIPTION AND REASON FOR APPEAL (ATTACH ADDITIONAL DOCUMENTATION, IF APPLICABLE)

Appeal Specifications

Appointment of Authorized Representative (complete when someone else is representing you in this appeal)

You may represent yourself, or you may ask another person, including your treating healthcare provider, to act as your authorized representative. You may revoke this authorization at any time.

I hereby authorize ______________________________ to pursue my appeal on my behalf.

Signature of Covered Person (or legal representative*) Date

Member Signature Date

Representative's Signature* (with AOR form or POA attached, if applicable) Date

*Please specify spouse, caretaker, conservator or other

Send this form and a copy of your notice of final adverse benefit determination to one of the following:

University Hospitals Medicare Advantage Plan by PTHP Appeals
PO Box 6029 Canton, OH 44706 | Fax: 330-363-3066 | Email: UHappeals@UHMAP.org

Keep copies of this form, your Notice of Final Adverse Benefit Determination and all documents and correspondence related to this claim.

For more information, please contact University Hospitals Medicare Advantage Plan by PTHP Appeals at 1-216-535-4014, Toll Free 1-833-954-0483 or TTY users can call 711, Monday-Friday from 8 a.m. to 8 p.m. (Oct. 1 – March 31, we are available 7 days a week from 8:00 a.m. to 8:00 p.m.), or visit www.pthp.com/uh.

Reviewed: 9/2023