author by Humana

Request Form for an Appeal, Complaint, or Grievance

If you have a complaint or appeal related to your health plan or any aspect of your care, including dental care or medical equipment, we want to hear about it and see how we can help. You can use this form to give us the details about what happened. Please provide complete information so that we can review your case in the best way possible.

If your complaint or appeal is about a medication, you will need to fill out a separate form for Part D appeals, which can be found on the Author by Humana website or you can ask your Care Coordinator to send it to you.

If you are a provider submitting this request on behalf of your patient, you can reach out to a Provider Navigator for any questions.

INSTRUCTIONS

- Fill out all information on this form.
- Prepare any supporting documents (such as receipts, medical records, or a letter from your provider or dentist).
- Mail everything to us at:
  Grievance & Appeal Department
  P.O. Box 273
  Sidney, NE 69162
  Or you can fax it to us at 1-833-301-1004.

If your appeal is for a service that you haven't received yet but that you need to receive very soon, you can send this form and supporting documents to our expedited (fast) fax line at 1-833-301-1005. An expedited appeal means you and your provider believe that waiting the standard amount of time to get a decision could seriously harm your health. Please see page 4 for more information.

SECTION 1: WHO IS THE MEMBER?

Member Name (first and last)		
Member ID Number		Date of Birth (Month/Day/Year) _____/_____/_____
Street Address		City
State	Zip Code	Phone Number
Name of Representative (Fill out if there is someone acting on behalf of the member; otherwise, leave blank)		

SECTION 2: WHAT IS THE ISSUE OR PROBLEM?

First, help us understand what this is about. Please check one of the boxes below:

____ A medical, dental, or behavioral health service (or medical equipment)

____ An issue about something else

If you checked "An issue about something else," please skip to the next question, "what should we know about this issue?"

If you checked "A medical, dental, or behavioral health service (or medical equipment)," please fill out the details below:

Service	
Name of Provider (doctor, dentist, health facility, or pharmacy)	
Provider Phone Number	Provider Fax Number
Did you already receive the service? ____ Yes ____ No	
Date of Service (Month/Day/Year) _____/_____/_____	Claim Number (if you have one)

What should we know about this issue?

In the space below, please describe the issue in detail. Make sure to be as specific as possible about what happened and who was involved. Include any dates of service and let us know when you had contact with Author by Humana employees, healthcare providers, dentists, or pharmacies. If you run out of room, feel free to write on the back or add an extra page.

What additional information can you share?

Please attach copies of any supporting information or documents that we should review, such as receipts for services already paid for, medical records, or a letter from your provider or dentist.

What documents have you attached?

____ Receipt(s)

____ Medical bill(s)

____ Medical records

____ Letter from your provider or dentist

____ None

____ Other (specify): _____

Does your appeal need to be expedited?

Expedited appeals are only for services that you haven't received yet but that you need to receive very soon. An expedited appeal means you and your provider believe that waiting the standard amount of time to get a decision could seriously harm your health.

To process an expedited appeal, we'll need a statement from your provider about why your request should be expedited.

____ Please check here if you need an expedited decision within 72 hours, and you have a supporting statement from your provider.

SECTION 3: DO YOU NEED TO APPOINT A REPRESENTATIVE?

If you are the member acting on behalf of yourself, you can skip this section.

If you are not the member and aren't sure if you're authorized to act on the member's behalf, please complete this section with the member.

I, _____ *(name of member),* appoint _____ *(name of representative)* to act on behalf of _____ *(name of member or member's dependent)* in connection with any claim for coverage or benefits identified in this case. This includes receiving any approvals or authorizations that are required before medical services. I authorize my representative to receive all the information related to this case that is provided to me, and to act for me in providing Author by Humana with any information that is related to the disputed claims, approvals, or authorizations. This document does not authorize access to any personal health information that is unrelated to the disputed claims, approvals, or authorizations.

I, _____ *(name of representative),* accept the above appointment.

Representative's Contact Information:

<table>
<tr><td colspan="3">Member's Medicare Number (beneficiary as party) or Plan ID Number</td></tr>
<tr><td colspan="3">Representative's Relationship to Member</td></tr>
<tr><td colspan="2">Street Address</td><td>City</td></tr>
<tr><td>State</td><td>Zip Code</td><td>Phone Number</td></tr>
</table>

SECTION 4: SIGN & SUBMIT

Signature of Member	Date (Month/Day/Year) _____/_____/_____
Signature of Authorized Representative*	Date (Month/Day/Year) _____/_____/_____

*You are the Authorized Representative if Section 3 of this form has been completed by you and the member.

Thank you for taking the time to let us know about this issue. We'll be in touch with you if we have any questions, and we'll let you know as soon as we complete our investigation of the issue.

Your Care Coordinator is available to answer any questions you may have, so don't hesitate to reach out if you need anything. You can reach them at 1-833-502-2012 (TTY: 711), from 8 AM to 8 PM Eastern time, Monday through Friday.

If you are a provider submitting this request on behalf of your patient, you can reach a Provider Navigator at 1-833-502-2013, from 8 AM to 5 PM Eastern time, Monday through Friday.

Author by Humana