

## Important Information about Your Appeal Rights

**What if I need help understanding this denial?** Contact us at Alluma at 1-833-789-5317 if you need assistance understanding this notice or this decision.

**What if I don't agree with this decision?** You have a right to appeal any decision not to provide or pay for an item or service (in whole or in part).

**How do I file an appeal?** Complete the Internal Appeal Filing Form (next page), make a copy, and send this document to Alluma - Attn: Clinical Department, 320 S. Polk St., Amarillo, Texas 79101. You may also fax to 866-557-7647 or call 1-833-789-5317. Appeals must reach Alluma within 180 days following your receipt of the adverse benefit determination or, if later, within the timeframe specified in your Plan Documents. You may contact the Plan Sponsor for a copy of the Plan Documents. Alluma will forward this information to the required party. See also the "Other resources to help you" section of this form for assistance filing a request for an appeal.

**What if my situation is urgent?** If your situation meets the definition of urgent under the law, your review will generally be conducted within 72 hours. Generally, an urgent situation is one in which your life, health, or ability to regain maximum function may be in serious jeopardy or, in the opinion of your physician, you may experience severe pain that cannot be adequately controlled without the medication or treatment in question while you wait for a decision on your appeal. If you believe your situation is urgent, you may request an expedited appeal by following the instructions above for filing an internal appeal and also by filing an appeal for external review at the same time. Contact Alluma for the External Appeal Filing Form, if applicable for your plan.

**Who may file an appeal?** You or someone you name to act for you (your authorized representative) may file an appeal. There is a place to designate an authorized representative on the Internal Appeal Filing Form (next page). You must sign the authorization on the appropriate signature line (this requirement may be waived when a health care professional with knowledge of your medical condition makes a request for an urgent review on your behalf).

**Can I provide additional information about my claim?** Yes, you may supply additional information. You can supply the information with the Internal Appeal Filing Form to Alluma - Attn: Clinical Department, 320 S. Polk St., Amarillo, Texas 79101. You may also fax to 866-557-7647 or call 1-833-789-5317. Alluma will forward this information to the required party.

**Can I request copies of information relevant to my claim?** Yes, you may request copies (free of charge). If you think a coding error may have caused this claim to be denied, you have the right to have billing and diagnosis codes sent to you, as well. You can request copies of this information by contacting Alluma at 1-833-789-5317.

**What happens next?** If you appeal, Alluma will review the decision and provide you with a written determination. If the Plan continues to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party. In addition, you have the right to bring a civil action under section 502(a) of the Employee Retirement Income Security Act of 1974, as amended, following an adverse benefit determination upon review.

**Other resources to help you:** Please refer to your Plan Documents. For questions about your rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272). For assistance with the internal appeal and external review process, you may also contact the applicable office of health insurance consumer assistance or ombudsman established by the Department of Health and Human Services.

## Internal Appeal Filing Form

### Person Filing Request For Appeal:

Select one:

Contact information of person filing request for appeal (if different from patient)

Name of Person Filing Request: \_\_\_\_\_

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

Daytime phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

If person filing request for appeal is other than patient, patient must indicate authorization by signing here\*:

\_\_\_\_\_

Patient Signature

\*This requirement may be waived when a health care professional with knowledge of the patient's medical condition makes a request for an urgent/expedited review on behalf of the patient.

**I am requesting an urgent/expedited review\* because the member's health, life or ability to regain maximum function may be seriously jeopardized** or, in the opinion of member's physician, member may experience severe pain that cannot be adequately controlled while **waiting for a standard coverage determination?**

Yes      No

\*If you require an urgent External review, you may also need to submit an External Appeal Filing Form, if applicable, along with this form. Contact Alluma for this form.

**BRIEFLY DESCRIBE WHY YOU DISAGREE WITH THIS DECISION** (you may attach additional information, such as a physician's letter, bills, medical records, or other documents to support your claim):

**Send this form AND your denial notice to:** Alluma - Attn: Clinical Department, 320 S. Polk St., Amarillo, Texas 79101, or fax to 866-557-7647, or call 1-833-789-5317.

**Be certain to keep copies of this form, your denial notice, and all documents and correspondence related to this claim.**