



Healthy Blue

Member Appeal Request Form

Please complete this form and attach any documents that will help us understand your appeal request. Mail or fax the form and documents to:

Mail to: Attn: Appeals and Grievances
Healthy Blue
P.O. Box 62429
Virginia Beach, VA 23466

Fax to: 877-881-1305

An appeal form is not required to file an appeal. You can also file an appeal by calling Member Services at **833-838-2593 (TTY 711)**, Monday through Friday, 8 a.m. to 5 p.m. Central time or through your **SydneySM Health** app. We will send you a response as expeditiously as your health condition requires or within 30 calendar days of us receiving this form or your call.

Date: _____

Member name: _____ Member ID/CIN Number: _____

Address: _____

Phone number: () _____

Information about your appeal

We will use the information you provide below to evaluate your appeal. This will be included as part of the permanent appeal record. Please write clearly and legibly. Use more sheets of paper if needed.

Date of service: _____

Type of service: _____

Outcome desired: _____

healthybluekansas.com/medicaid

Signature of member (parent or guardian if the member is a minor):

X _____ Date: _____

If the appellant is physically unable to sign, I, the Authorized Representative, certify that (appellant) _____ is physically unable to sign this form.

Describe the incapacity affecting the appellant.

Signature of Authorized Representative: _____ Date: _____

Authorized Representative name (printed): _____
First Last

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