DMBA

MEMBER APPEAL FORM

IMPORTANT: DMBA must receive this appeal request within 12 months of the date of the initial benefit denial notice. Failure to file a timely appeal will bar you from any further review of this benefit denial under these procedures or in a court of law.

TYPE OF APPEAL (CHOOSE ONE BELOW)

- ☐ Medical/Dental preauthorization
- ☐ Medical/Dental claim
- ☐ FSA
- ☐ Life
- ☐ Disability
- ☐ Savings
- ☐ Retirement

FOR PHARMACY APPEALS: Contact Navitus Health Solutions at 833-354-2226 or Navitus MedicareRx at 866-270-3877.

URGENT CARE INFORMATION

☐ **IMPORTANT**: Check here if the denied benefits are for an urgent situation. An urgent situation is one in which the normal time for deciding non-urgent appeals (generally 30 days) could either (a) seriously jeopardize the patient's life, health, or ability to regain maximum function; or (b) in the opinion of a physician with knowledge of the patient's condition, subject the patient to severe pain that cannot be adequately managed without the care or treatment under review.

APPEAL INFORMATION

DMBA ID #: _____ Claim/preauthorization #: _____ Service date(s): _____

Contract holder: _____ Patient: _____

Patient address: _____

Person filing the appeal: _____

Signature of person filing the appeal: _____ Date: _____

IMPORTANT: If you are not the patient or the parent/legal guardian of a patient who is younger than 18, please contact DMBA for information on how the patient can designate an authorized representative.

Relationship to patient: ☐ Self ☐ Spouse ☐ Child ☐ Other _____

Daytime phone: _____ Email: _____

Tell us below why these benefits should be approved. Attach additional pages and relevant documentation, such as a physician's letter, medical records, or other supporting documentation, as necessary: _____

_____

_____

Please send all documentation, including this form, to DMBA by mail or fax via the contact information below. You may also log into www.dmba.com and send a secure message through *My Messages*. (Be sure to attach any additional documentation.) Please keep copies of this form, your denial notice, and all documents and correspondence related to this appeal.

Please return this completed form to DMBA, P.O. Box 45530, Salt Lake City, Utah 84145-0530, or fax it to 801-578-5901.
For questions, visit www.dmba.com or call us at 801-578-5600 or toll free at 800-777-3622.