DMBA
150 Social Hall Avenue, Suite 170
P.O. Box 45530 • Salt Lake City, UT 84145
Telephone: 801-578-5600 • Toll free: 800-777-3622
Fax: 801-578-5901 • Website: www.dmba.com

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.

MEMBER APPEAL FORM

TYPE OF APPEAL (choose one below)

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

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: _____

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, P.O. Box 45530, Salt Lake City, UT 84145. You may also fax it to 801-578-5901 or 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.