



## Community Health Options Medical Benefit Appeal Form

For Expedited Medical Necessity Appeal requests contact Community Health Options' Member Services at (855) 624-6463. This form should be completed by a Member or an authorized representative to file a standard Appeal regarding an adverse benefit determination. Member Appeal rights are outlined in Community Health Options' Member Benefit Agreement.

**Send this *completed* form to:**

Community Health Options  
 Mail Stop 800  
 PO Box 1121  
 Lewiston, ME 04243  
 Fax: (877) 314-5693  
 Email: [appeals@healthoptions.org](mailto:appeals@healthoptions.org)

Member First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Group # (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

***If someone other than the Member or the Member's Provider is filing the Appeal on behalf of the Member, the Member must complete an Appeal Representative Form which specifically authorizes a named individual to file an Appeal on their behalf. Please contact Member Services for additional information.***

***Appeal Information:***

**What is being Appealed? (Generally):**

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**Claim Number(s):**

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**Authorization Number(s):**

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**Date(s) of Service:**

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**Provider Name/Location:**

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Please describe your Appeal in as much detail as possible. Be sure to include all person(s) and place(s) involved and any information you believe to be relevant for the reviewer. (Please attach additional sheets if needed):

Has anyone at Health Options already tried to resolve the situation? If so, please explain:

Member (or Provider) Signature

Date

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**NON-DISCRIMINATION NOTICE**

Community Health Options complies with applicable Federal civil rights law and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-624-6463 (TTY/TDD: 711)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-624-6463 (TTY/TDD: 711)