

Request for Appeal (Member Form)

Thank you for choosing your MO HealthNet Managed Care health plan, Healthy Blue, as your health plan. Your health is very important to us. To ask for an appeal, please fill out and mail us this form. It will help us look at your request. We will send you a letter within 10 calendar days to let you know we got the form. We will send you a letter within 30 calendar days after we get the form or your verbal appeal to let you know what we decide.

Member Name:
Parent's or Guardian's Name (if service is for a child):
Member ID #:
Reference Number:
Name of doctor who wants to give or who gave you the service:
Doctor office address:
Doctor office phone number(s): /
Type of service you want or got:
Why you want or got the service:
Date you had or want to have the service:
Why you are asking for an appeal:

Sign and send this form to:

Central Appeals Processing Healthy Blue - MO P.O. Box 62429 Virginia Beach, VA 23466-2429

Signature:

Date:

Member, Parent, Legal Guardian or Authorized Representative* *An authorized representative must be named by the member, parent or legal guardian. The provider may act on behalf of the member with the member's/responsible party's written consent. An authorized representative cannot make health care decisions that involve the financial responsibility of the member, parent or legal guardian unless it is put in writing.

This form has information you need. If you need help with your request for an appeal, continuation of services coverage, or expedited appeal, please call Member Services toll free at 833-388-1407 (TTY 711). You can call during our normal business hours from 8 a.m. to 5 p.m. Central time, Monday through Friday, except holidays.

For members who do not speak English, we offer oral interpretation services for all languages. Call Member Services at 833-388-1407 (TTY 711) Monday through Friday from 8 a.m. to 5 p.m. Central time, except holidays, and we will assist you.

healthybluemo.com

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