

Your Claim Appeal Rights and Appeal Form



Section 1 – Your Claim Appeal Rights

If you receive your health benefits coverage through an employer-sponsored plan and your employer is not a governmental entity or religious organization, your claim appeal rights are likely governed by the Employee Retirement Income Security Act (ERISA). If you receive your health benefits coverage through any other arrangement, you have the same appeal rights as a matter of other Federal and/or State laws.

Blue Cross and Blue Shield of Kansas (BCBSKS) must receive your appeal within 180 days of the adverse decision. BCBSKS must make

an appeal determination within 15 days (pre-service claim), 30 days (post service claim) or 72 hours (urgent care claim) of receiving your written appeal.

If you are covered by a health plan subject to ERISA, you have the right to pursue judicial review in federal or state court under Section 502(a) of ERISA only after exhausting the above appeal procedures. This exhaustion requirement also applies to non-ERISA coverage and plans, i.e. you must complete all applicable appeals prior to initiating any legal action concerning the denial of your claim.

Section 2 – Appeal Form

To appeal a claim that has been denied in whole or in part, you must complete the following:

1. Patient name and service(s) being appealed:

2. Provide the applicable precertification, inquiry or claim control numbers related to the denied service:

3. Tell us why you disagree with the denial (attach any documents you want to be considered with your appeal):

4. You have the right to documents, free of charge, used in making the claim determination including any guidelines or rules referred to in the denial. Please list the specific document(s) you want:

5. If you have authorized someone else to make this appeal on your behalf, you must give us the following information:

Name of Authorized Person

Street Address for Mailing Notices

City

State ZIP Code +4

(_____) _____ - _____ (_____) _____ - _____
Phone Number Fax Number

E-mail Address

Your signature required

Patient/Parent of Minor Child/Guardian of Patient _____ / _____ / _____
Date Signed

Identification Number (_____) _____ - _____
Phone Number

E-mail Address (_____) _____ - _____
Fax Number

Mail your appeal to:

Blue Cross and Blue Shield of Kansas
1133 SW Topeka Blvd., Topeka, KS 66629

If you have questions about your claim or the appeals process, please call: BCBSKS Customer Service Center: (800) 432-3990

Esta correspondencia está disponible en español, llame por favor el centro del servicio de atención al cliente.

Applicable to administrative services only groups: BCBSKS provides administrative claims payments only and does not assume

any financial risk or obligation with respect to claims. This applies to you if you have a Benefit Description.

Other consumer resources:

Kansas Insurance Department – Consumer Assistance Division
420 SW 9th St., Topeka, KS 66612
Phone: (785) 296-3071 – Toll Free: (800) 432-2484
Email: CAP@ksinsurance.org
Website: <http://www.ksinsurance.org>

Employee Benefits Security Administration (EBSA) may be contacted at 1-866-444-EBSA (3272) or www.askebsa.dol.gov.

This information is being furnished in compliance with applicable federal regulations.

This Notice has important information. This notice has important information about your application or coverage through Blue Cross and Blue Shield of Kansas. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Please call 1-800-432-3990.

Discrimination is against the law.

Blue Cross and Blue Shield of Kansas (BCBSKS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. BCBSKS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Kansas:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Holly Graves.

If you believe that BCBSKS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Holly Graves, Director, Individual Sales and Customer Service, 1133 S.W. Topeka Blvd., Topeka, KS 66629-0001, 1-800-432-3990, TTY: 1-800-766-3777, Fax: 785-290-0711, CSC@bcbsks.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Holly Graves is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.

請撥打您 ID 卡上的客服號碼以尋求中文協助。

Gọi số dịch vụ khách hàng trên thẻ ID của quý vị để được hỗ trợ bằng Tiếng Việt.

한국어로 도움을 받고 싶으시면 ID 카드에 있는 고객 서비스 전화번호로 문의해 주십시오.

Para sa tulong sa Tagalog, tumawag sa numero ng serbisyo sa customer na nasa inyong ID card.

Обратитесь по номеру телефона обслуживания клиентов, указанному на Вашей идентификационной карточке, для помощи на русском языке.

اتصل برقم خدمة العملاء الموجود على بطاقة هويتك للحصول على المساعدة باللغة العربية.

Rele nimewo sèvis kliyantèl ki nan kat ID ou pou jwenn èd nan Kreyòl Ayisyen.

Pour une assistance en français du Canada, composez le numéro de téléphone du service à la clientèle figurant sur votre carte d'identification.

Ligue para o número de telefone de atendimento ao cliente exibido no seu cartão de identificação para obter ajuda em português.

Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikatorze.

日本語でのサポートは、ID カードに記載のカスタマーサービス番号までお電話でお問い合わせください。

Per assistenza in italiano chiamate il numero del servizio clienti riportato nella vostra scheda identificativa.

Rufen Sie den Kundendienst unter der Nummer auf Ihrer ID-Karte an, um Hilfestellung in deutscher Sprache zu erhalten.

برای دریافت راهنمایی به زبان فارسی ، با شماره خدمات مشتری که بر روی کارت شناسایی شما درج شده است تماس بگیرید..