

## **Instructions to help you complete the Member Appeal Form**

If you are a UnitedHealthcare Dual Complete member, please do not use this form.

### **APPEAL RIGHTS**

If you do not agree with a decision we made, you can ask us to look at it again. This is called an appeal. You or your provider (if you give written permission) may file an appeal for you. You may use the UnitedHealthcare Community Plan New Jersey (UHCCP NJ) Internal Appeal process.

### **Timeframes for appeal**

You have 60 days to send your appeal. UHCCP NJ will make a decision within 30 days after we receive it.

### **How to complete this form**

Fill out as much of the form as you can. You may type on the form and then print it, or print the blank form and write your answers by hand.

### **How to request an Internal Appeal**

Please send this form and any papers you want us to review by:

1. Writing to UHCCP NJ at:  
UnitedHealthcare Community Plan  
Attn: Member Appeals  
P.O. Box 31364  
Salt Lake City, UT 84131-0364

OR

2. Faxing to:  
1-801-994-1082 – Standard appeals  
1-801-994-1261 – Expedited pre-service and concurrent appeals

### **What happens next**

We will mail you a letter to let you know we got your appeal. We will look at your appeal and all the papers you send.

### **Choose an authorized representative**

You can pick someone to help you with your appeal. If you want someone to act for you, you must fill out and sign the Designation of Authorized Representative form.

Please send that form with your appeal request.

## Member Appeal Form

To start the process, fill out this form. Fill out as much as you can. Sign and date the form. Send it to UHCCP NJ within 60 days of the date on the notice about the decision. Please attach copies of any papers you want us to use in our review.

<b>Member Information:</b> You can find this on your UHCCP NJ ID card or in the letter we sent.			
First Name		Last Name	
Address			Apt #
City		State	Zip Code
Member ID#	Best phone number to reach you		
Your email address			

<b>Service Information:</b> You can find this in the letter we sent.	
Date(s) of Service	
Procedure/Service	
Reference Number	
Requesting Provider	

If you attach other pages, please check this box.

<b>Reason for Appeal:</b> If you need more room, add another page with the extra information.

