



## HOW TO SUBMIT YOUR MEDICARE PART C MEDICAL SERVICES APPEAL

If we make a coverage decision and you are not satisfied with this decision, you can “appeal” the decision. An appeal is a formal way of asking us to review and change a coverage decision we have made. Your appeal is handled by different reviewers than those who made the original unfavorable decision.

**Expedited** Medicare Appeals can be requested by calling Stanford Health Care Advantage at 1-855-996-8422 (TTY: 711)

**Standard** Medicare Appeals must be received in writing and signed by the Member.

If the appeal is requested by a doctor or a family member, an Appointment of Representative Form (AOR) must be signed by the member and the representative. If you require this form, you can download a copy at <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS012207.html>, or contact Stanford Health Care Advantage at 1-855-996-8422 from 8 a.m. to 8 p.m., seven days a week from October 1 through March 31 (except Thanksgiving and Christmas) and Monday to Friday (except holidays) from April 1 through September 30 and TTY users can call 711.

Please send your written appeal to:

**Stanford Health Care Advantage  
Attn: Grievance & Appeals Department  
P.O. Box 2336  
Dublin, CA 94568  
Fax: 650-498-8724**

If you have any questions, please call our Member Services Department at **1-855-996-8422 from 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31 and Monday to Friday (except holidays) from April 1 through September 30 and TTY users can call 711.**

One of our representatives will be happy to assist you.

**PLEASE SUBMIT ANY SUPPORTING DOCUMENTS WITH YOUR APPEAL**



**Stanford**

HEALTH CARE ADVANTAGE

**MEDICARE PART C - MEDICAL SERVICES**

**MEDICARE WRITTEN APPEAL FORM**

You have a right to an appeal if you believe you are entitled to a service or benefit that has been denied. Please complete the following information to file an appeal:

<p><b>PROCESSING TIME</b></p> <p><b>Standard pre-service = 30 Days</b></p> <p><b>Standard post-service and all Claims = 60 days</b></p> <p><b>Expedited pre-service appeals = 72 Hours</b></p>
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An **expedited** appeal is only available when the standard process could seriously jeopardize life, health, or the ability to regain maximum function. Expedited requests not meeting one of these criteria will be transferred to the **standard** process.

**ALL CLAIM APPEALS ARE PROCESSED AS STANDARD APPEALS**

<input type="checkbox"/> <b>Request for Standard Appeal</b>	<u>or</u>	<input type="checkbox"/> <b>Request for Expedited Appeal</b>
<b>Member Name:</b> _____ <b>Member ID:</b> _____		
<b>Address:</b> _____ <i>(street, city, state, zip)</i>		
<b>Member Phone #:</b> _____ <b>Alternate #:</b> _____		
<b>Provider Name:</b> _____ <b>Provider Phone:</b> _____		
<b>Provider Mailing Address:</b> _____		
<b><i>Please describe what was denied:</i></b> _____ _____ _____		
<b><i>Please describe why you believe you are entitled to the denied service or benefit:</i></b> _____ _____ _____		
<b>Member Signature:</b> _____		
<b>Name of Person Submitting Appeal (if applicable):</b> _____		<b>Date:</b> _____
<b>Signature of Person Submitting Appeal (if applicable):</b> _____		<b>Date:</b> _____