Appeal Number
Received Date: / / mm, dd, yyyy

APPEALS REQUEST FORM

SECTION A: PERSONAL INFORMATION OF THE APPEAL		
Name	Telephone Number	Contract Number
Address	Date Case Filed	Provider Number (if applicable)
	PMG Number	Provider Telephone Number (if applicable)

SECTION B: APPEAL FILED AGAINST		
Name	Contract Number	Primary Physician/Provider Number (if applicable)

SECTION C: DESCRIPTION OF THE EVENTS RELATED TO THE APPEAL (use attachments if necessary)

I certify that I have read the description of the issues described above in this section, that the information provided is correct, and I agree with it.

Provider, Member or Representative's Signature

Witness Signature (if applicable)

SECTION D:	DESCRIPTION OF EVIDENCE INCLUDED

MMM

Representative Name

** Complete all the applicable fields and sign this form, you can bring it to a Regional Office near your home, send by regular mail, fax, or email (details below).

INSTRUCTIONS: How to ask for a grievance or an appeal with MMM?

Step 1: You, your representative, or your physician [*provider*] acting on your behalf (authorized in written by you) can request a grievance or an appeal. Your *written* request must include:

- Your name, member ID, contract number, and address
- Reasons for your grievance or appeal
- Any evidence you want us to review, such as medical records, provider's letters, or other information that explains why you need the item or service. Ask your physician for this information.

You can use the attached form or you may write a letter including all the details.
This form is available in our website www.multihealth-vital.com, in one of our Regional Offices near to your residence, or we can send it by mail, in the language of your preference. We can mail, email or fax it at our convenience.

If you need someone to help you obtaining, and completing the form please feel free to contact our Call Center from Monday - Friday from 7am to 7pm.
Toll Free 1-844-336-3331
TTY 787-999-4411

For a Grievance or Standard Appeal:

MMM Multi Health, LLC.
Appeals and Grievances Department
PO Box 72010

PO Box 72010
San Juan PR 00936-7710

¿Ayuda con su Plan de Salud del Gobierno?
Línea libre de cargos
1-800-981-2737
TTY 787-474-3389

San Juan PR 00936-7710
Telephone: 1-844-336-3331 Fax: 1-844-990-1990
Website Address: www.multihealth-vital.com

Step 2: You can present your grievance or appeal at the Patients' Advocate Office (OPP) or in the Puerto Rico Health Insurance Administration (ASES).

OPP:

Telephone: 787-977-1100 (Metro Area) 1-800-981-0031 (toll free)
Fax: 787-977-0915

ASES:

Telephone: 787-474-3300 (Metro Area) 1-800-981-2737 (toll free)
Fax: 787-474-3348

Additional Information

You can use the attached form or you may write a letter including all the details.

This format is available in alternative formats, such as large print, Braille, or audio.

MMM Multi Health, LLC provide oral interpretation services into any language other than English, if needed. Such translation is at no cost to you.

To request any of these forms including alternative formats please feel free to contact our CS Call Center from Monday through Friday from 7am to 7pm toll free at 1-844-336-3331 and TTY at 787-999-4411.

MMM Multi Health cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla español o cualquier otro idioma, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-336-3331 (TTY: 787-999-4411).

MMM Multi Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English or any other language, language assistance services, free of charge, are available to you. Call 1-844-336-3331 (TTY: 787-999-4411).

MMM Multi Health **遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障　或性別而歧視任何人。注意：如果您使用繁體中文，您可以免費獲得語言援助服務請致電** 1-844-336-3331 (TTY: 787-999-4411) **。**

、膚色、民族血統、年齡、殘障　或性別而歧視任何人。注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-336-3331 (TTY: 1-999-4411).

MUHG-AG-FOR-004-05152015-E

PO Box 72010
San Juan PR 00936-7710