



Part C Appeals Form

Request to file an Appeal Form For use by Astiva Health member or representative.	
Member Name:	Member ID #:
Address:	City, State, Zip Code:
Phone #:	Authorized Representative:
Complete portion for filing an Appeal	
Denied Service or Claim Number(s) you wish to appeal	
Date(s) of Service(s):	Provider Name:
Total Amount in Dispute: \$	Amount paid by Member (if any): \$
Use the section below to provide additional detail for your appeal request. Please be sure to provide any information you feel may be helpful including copies of any claims/bills, medical records, or denial notices, if available:	
Standard appeal (reconsideration) requests must be submitted in writing within 60 days of the date of the notice of denial.	
Signature: _____ Date: _____	
Member (or representative) signature (If representative, please fill out an Appointment of Representative (AOR) Form)	
Please return this form to the Astiva Health Appeals & Grievances Department:	



Mail Form to:

**Astiva Health
Attn: Appeals & Grievances
765 The City Drive South, #200
Orange, CA 92868**

Fax form to:

714-908-8055

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There Are Two Kinds of Appeals You Can File:

Standard (30 days) - You can ask for a standard appeal. Your plan must give you a decision no later than 30 days after it gets your appeal. (Your plan may extend this time by up to 14 days if you request an extension, or if it needs additional information and the extension benefits you.)

Fast (72-hour review) - You can ask for a fast appeal if you or your doctor believe that your health could be seriously harmed by waiting too long for a decision. Your plan must decide on a fast appeal no later than 72 hours after it gets your appeal. (Your plan may extend this time by up to 14 days if you request an extension, or if your plan needs additional information and the extension benefits you.)

- If any doctor asks for a fast appeal for you, or supports you in asking for one, and the doctor indicates that waiting for 30 days could seriously harm your health, your plan will automatically give you a fast appeal.
- If you ask for a fast appeal without support from a doctor, your plan will decide if your health requires a fast appeal. If your plan does not give you a fast appeal, your plan will decide your appeal within 30 days.

What Do I Include with My Appeal?

You should include: your name, address, Member ID number, reasons for appealing, and any evidence you wish to attach. You may send in supporting medical records, doctors' letters, or other information that explains why your plan should provide the service.

Call your doctor if you need this information to help you with your appeal. You may send in this information or present this information in person if you wish.

How Do I File an Appeal?

For a Standard Appeal: You or your authorized representative should mail or deliver your written appeal to your health plan at the address indicated on the Astiva Health Member Appeal Form.

For a Fast Appeal: You or your authorized representative should contact us by telephone or fax using the plan contact information indicated on the Astiva Health Member Appeal Form.

What Happens Next? If you appeal, your plan will review our decision. After your plan review our decision, if any of the services you requested are still denied, Medicare will provide you with a new and impartial review of your case by a reviewer outside of your plan – Astiva Health if you disagree with

that decision, you will have further appeal rights. You will be notified of those appeal rights if this happens.

Other Contact Information:

If you need information or help, call us at: 866-688-9021

Other Resources to Help You: Medicare Rights Center: Toll Free: 1-888-HMO-9050 TTY/TTD:

Elder Care Locator

Toll Free: 1-800-677-1116

1-800-MEDICARE (1-800-633-4227) TTY/TTD: 1-877-486-2048