PRESBYTERIAN

Presbyterian Health Plan
Presbyterian Insurance Company, Inc.

Initial Appeal Request Form

If you have any questions or would like help with this Form, please call us at (505) 923-5678 or toll-free at 1-800-356-2219. TTY users may call 1-877-298-7407. You may also find this form online at www.phs.org.

INSTRUCTIONS

- **Please fill out this Initial Appeal Request Form as completely as possible.**
- **When you have completed the Form, please keep a copy for your records.**
- **Mail the original copy to Presbyterian at the following address.**

Appeals and Grievance Coordinator
Presbyterian Health Plan
P.O. Box 27489
Albuquerque, New Mexico 87125-7489
Phone: (505) 923-5678
Toll-free: 1-800-356-2219
Fax: (505) 923-5124

MEMBER INFORMATION

Member Name:	**Member ID Number:**

This involves (please check (✓) one):

- ☐ **A Referral/Benefit Certification (#_____)**
- ☐ **An Issue Regarding a Claim Number (#_____)**
- ☐ **A Physician Issue**
- ☐ **A Hospital Issue**
- ☐ **Other - please explain:_____**

REASON FOR APPEAL

Please tell below, as completely as you can, the reason for the appeal issue. Please provide dates, times, persons, and places involved, and be as specific as possible. If necessary, please attach extra sheets.

Member Signature:	**Date:**
Provider Signature (If provider is appealing on behalf of member):	**Date:**

[AGMPC040901]

Presbyterian serves to improve the health of individuals, families, and communities.