



An Independent Licensee of the Blue Cross and Blue Shield Association

# FORM TO APPEAL

Members, please print clearly in all fields. Incomplete forms will be returned to you. If you need help completing this form or if you have questions about the appeal process, call HMSA's Member Advocacy and Appeals staff at 948-5090 on Oahu or 1 (800) 462-2085 toll-free.

PATIENT INFORMATION	
HMSA Subscriber ID	
Name (First and last names)	
Date of Birth	
APPEAL REQUESTOR'S INFORMATION	
First and last names (if different from patient)	
Mailing Address	
Phone Number	Day: _____ Evening: _____
Is there a time difference between us?	<input type="checkbox"/> No, I'm in Hawaii. <input type="checkbox"/> Yes, I'm in _____ (state or country)
Email (optional)	
APPEAL INFORMATION	
What are you appealing?  Please describe the facts of your appeal on page 2.	<input type="checkbox"/> My claim or coverage was denied. <input type="checkbox"/> I'm not satisfied with HMSA's payment. <input type="checkbox"/> Other (please specify): _____
Type of Service (e.g., surgery, labs, office visit)	
Date(s) of Service (list "preservice" if the service has not been provided yet)	
Provider(s) Name(s)	
Date you were informed of HMSA's decision that led to this appeal (e.g., date on HMSA's letter, your Report to Member)	

Provide a description of facts relating to your appeal, including why you believe HMSA's decision was made in error. Attach copies of documents you'd like HMSA to consider.

<b>DESCRIPTION OF FACTS</b>

Mail this completed form to HMSA Member Advocacy and Appeals, P.O. Box 1958, Honolulu, HI 96805-1958, or fax it to 952-7546 or 948-8206 on Oahu. You may also email it to [appeals@hmsa.com](mailto:appeals@hmsa.com), however, please note that unencrypted email could be intercepted. If you don't want to take this risk, please fax or mail your appeal.

We'll send you a letter to let you know that we received your appeal request. We'll also let you know when you may expect us to respond to your appeal.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_