MEDICAL ASSOCIATES

1605 Associates Drive
Suite 101
Dubuque, IA 52002

1-800-747-8900

Appeal Form

This form is to be completed by you, as a covered Member, or your Authorized Representative (if you have designated one), if you disagree with a benefit determination and request a review of a claim for benefits that has been denied.

Member Information

Member Name	Member ID#	Date of Birth
Mailing Address		
Phone Number	E-mail Address	Subscriber Name (*if different from member*)

Legal Guardian / Legal Representative / Authorized Personal Representative

* *If you are requesting an appeal on behalf of a Member, you must be the Member's legal guardian or legal representative, or an Appointment of Authorized Personal Representative Form must be submitted with this form or already on file with Medical Associates Health Plans. A Member may appoint only one Authorized Personal Representative at a time.*

This appeal is being requested by *(Insert Full Name)*	Relationship to Member
Mailing Address	Phone Number

Claim Information *(This information may be found on the front of your Explanation of Benefits or letter of denial.)*

Has the service in question already been provided?

❑ Yes	❑ No
Date of Service(s):	Date of Denial:
Provider Name:	Provider Name:
Claim Number(s):	

Please include an explanation of your appeal and a statement of the action you would like taken in response to your appeal. Attach any and all documentation (written comments, records, or other documents) that may support your appeal. **This appeal must be filed within 180 days of the date on the Explanation of Benefits or letter of denial of coverage.** You will receive a written response within the time required by law. For more information, consult your Subscriber Agreement, or contact Member Services at (563) 584-4885, or toll free at 1-866-821-1365, or by email to MemberServices@mahealthcare.com.

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Are there documents attached? ❑ Yes ❑ No

Signature: ______________________ Date: ______________

Return completed form to:
Medical Associates Health Plan, Inc.
1605 Associates Drive, Suite 101
Dubuque, IA 52002

Fax: (563) 584-4760
E-mail: MemberServices@mahealthcare.com

Retain for your records a copy of this form and any additional documentation submitted in support of your appeal.