



PacificSource Community Health Plans
2965 NE Conners Avenue, Bend OR 97701
541.385.5315 888.863.3637
Medicare.PacificSource.com

MEMBER APPEAL FORM

Member Information

Name _____ ID # _____ Phone _____

Appeal Information

- Mark the type of appeal you are filing:
 - Pre-approval (service or item has not been received yet).
 - Claim (service or item has already been received). Date received _____
 - Referral or Claim number:
(Refer to your Explanation of Benefits or Denial Notice for this information)
 - What is the service or item denied? _____
 - Why do you feel the service or item should be covered?

- I am requesting a 72-hour review of a service or item that has not been received yet.
(See back of page for more information about expedited [72-hour] reviews.)

Member Signature _____ **Date** _____

If you are not the member, but filing on his or her behalf, please include documents supporting your legal representation and sign below. This will avoid reviewing delays. Documentation may include a healthcare Power of Attorney or an Appointment of Representative form (form is available at www.Medicare.PacificSource.com or upon request.) ↓

Representative Name Relationship to Member Phone

Send This Form To

PacificSource Medicare, Grievance & Appeals Department
2965 NE Conners Avenue, Bend OR 97701
Or fax to (541) 322-6424

Si necesita servicios de intérprete, llame al (541) 385-5315 o (888) 863-3637.

TO MEET REQUIREMENTS FOR AN EXPEDITED (72-HOUR) REVIEW:

- The request must be for coverage of services you **have not received yet**. Claim appeals will not be reviewed within 72 hours of receipt.
- A standard appeal review may take up to 30 calendar days from receipt. Waiting for a decision during that time could put your health or life in danger.

If you have not received the services you are appealing, and feel you need an expedited (72-hour) review, please let us know. A plan physician will look at your medical records and decide if we should make a fast decision. If the physician decides that the requirements for a 72-hour appeal are not met, your appeal will be processed under the 30 calendar day timeframe. However, we will process your request as soon as possible.

If your physician calls us or writes to us to support your request for an expedited review, we will automatically process it under the 72-hour timeframe.

FOR MORE INFORMATION ABOUT THE APPEALS PROCESS:

If you have questions about how appeals are processed, please refer to your Evidence of Coverage (Member Handbook). Or, you can visit us online at www.Medicare.PacificSource.com or call Customer Service at (541) 385-5315 (Bend), (541) 225-3771 (Springfield), (208) 433-4612 (Boise), or toll-free at (888) 863-3637. TTY users should call (800) 735-2900. We are open:

- **From October 1 to February 14:** 8:00 a.m. to 8:00 p.m. local time zone, seven days a week.
- **From February 15 to September 30:** 8:00 a.m. to 8:00 p.m. local time zone, Monday through Friday.

PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract. Enrollment in PacificSource Medicare depends on contract renewal.

Discrimination is Against the Law

PacificSource Community Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

PacificSource Community Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PacificSource Community Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need services, contact Customer Service at (888) 863-3637 or, for TTY users, (800) 735-2900.

- **October 1 – February 14:** 8:00 a.m. to 8:00 p.m., seven days a week
- **February 15 – September 30:** 8:00 a.m. to 8:00 p.m. Monday – Friday

If you believe that PacificSource Community Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Kristi Kernutt, PO Box 7068, Springfield, OR 97475-0068, (541) 225-1967, Fax (541) 684-5475, or email Kristi.Kernutt@pacificsource.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Customer Service Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [OCRPortal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at [HHS.gov/ocr/office/file/index.html](https://www.hhs.gov/ocr/office/file/index.html).

Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (888) 863-3637 رقم هاتف الصم والبكم: (800) 735-2900.
Cambodian- Mon-Khmer	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ (888) 863-3637, TTY: (800) 735-2900។
Chinese	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 (888) 863-3637, TTY: (800) 735-2900。
Cushite-Oromo	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa (888) 863-3637, TTY: (800) 735-2900.
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (888) 863-3637, ATS: (800) 735-2900.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (888) 863-3637, TTY: (800) 735-2900.
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(888) 863-3637, TTY: (800) 735-2900) まで、お電話にてご連絡ください。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (888) 863-3637, TTY: (800) 735-2900 번으로 전화해 주십시오.
Persian-Farsi	شما برای رایگان به صورت زبانی توسط بلات کزید، می گفنگو فارسی زبان به اگر: توجه ف می باشد. یا (888) 863-3637, TTY: (800) 735-2900 تماس به گزیرید.
Romanian	ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la (888) 863-3637, TTY: (800) 735-2900.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (888) 863-3637, телетайп: (800) 735-2900.
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 863-3637, TTY: (800) 735-2900.
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (888) 863-3637, TTY: (800) 735-2900.
Ukrainian	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером (888) 863-3637, телетайп: (800) 735-2900.
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (888) 863-3637, TTY: (800) 735-2900.