

**Health Tradition Health Plan
PO Box 188
La Crosse, WI 54602-0188
1-888-459-3020 (Toll-free) or 608-781-9692**

Member Appeal Form
Continued

3) How would you like to see this problem fixed? _____

4) Has anyone tried to help you with this problem already? Yes _____ No _____
If yes, who? (please give name & phone number) _____

5) I want to appear before the Grievance Committee. yes no

6) Do you want to submit written questions to the person or persons responsible for making the decision? yes no
Please list questions below.

7) Do you, or your representative, wish to attend the meeting in person? yes no

If you want an authorized representative to act on your behalf in the appeal, we require a signed Authorized Representative Form or proof of Power of Attorney . Medical Information will not be released to your representative in the course of the appeal unless a Medical Release of Information Form is also signed. Please contact the Plan at the address or phone numbers above to request assistance with this process. Under certain extenuating circumstances a signature is not possible. Contact us for more information so that we can assist you in meeting your needs.

8) Would you prefer to attend via telephone conference call? yes no

9) Do you need any special arrangements? yes no

Please describe any special needs:

Signature _____

Health Tradition Appeals Process

Your grievance will be reviewed as soon as Health Tradition receives this completed form. We may need to research the issues to resolve the problem. The Grievance Committee will attempt to resolve your complaint within 15 days for those situations where the service has not yet been provided; and 30 days for those situations where the service has already occurred. If we cannot resolve your complaint in the 15- or 30-day time frame, we will notify you in writing on or before day 15 (before service) or day 30 (after service) with the reason for the delay.

If you should receive a denial **AND** the denial involved a medical decision, experimental treatment, or on the basis of a pre-existing condition **AND** the care cost \$295 or more, you may have the right to an independent external review under certain circumstances. You will be provided with the appeal process should you receive this type of denial.

Please refer to Article VIII of your member certificate or summary plan description for the appeals process. You may contact us through the local or toll-free number listed above if you have any questions.