Pharmacy Benefit Dimensions®

MEMBER/PHYSICIAN APPEAL/COMPLAINT FORM

Please print legibly below in black in. Form can be returned by mail, fax or email:

Attention: Benefit Administration
PO Box 2090
Buffalo, NY 14231-2090
Fax: 716.635.3504
appeals@independenthealth.com

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Member ID Number

Member's Last Name First Name Middle Initial

Address (Number, Street, Apt.) City State Zip Code

Telephone (Home) (Business) (Cell) Today's Date

I hereby authorize Pharmacy Benefit Dimensions to release to the members of the Member Appeals Committee or to a Clinical Consultant any records, photographs or information regarding the services in question. I acknowledge that Pharmacy Benefit Dimensions associates, who need to know information pertaining to the services in question in order to process this complaint, will have access to and may review such information.

Member's Signature

OR

If you are filing this complaint on behalf of another person who is 18 years or older, please call Independent Health's Member Services department at (716) 250-4401 or 1-800-665-1502 to request an authorization form. Hours are October 1-February 14: Monday-Sunday, 8 a.m. - 8 p.m., February 15-September 30: Monday-Friday, 8 a.m. - 8 p.m. You may also use the Telecommunications Device for the Deaf at (716) 631-3108 or 1-800-432-1110. If you are filing a complaint on behalf of another person who is enrolled in one of our Medicare Advantage plans, you will also need to complete a CMS Form 1696- Appointed Representative form, unless you are the member's treating physician, then you must sign the acknowledgement below.
I am the member's treating physician acting on the member's behalf and with their knowledge:

Physician's signature

THIS SECTION MUST BE COMPLETED IN ORDER TO PROCESS THIS COMPLAINT

Provide All Details Below
(Please Print)

Date(s) of Service(s) (mm/dd/yyyy):

Person(s)/Provider(s) Involved:

Brief Description of Complaint or Appeal: (Please use back of sheet)

Pharmacy Benefit Dimensions is a subsidiary of Independent Health. Independent Health is a PDP plan with a Medicare contract. Enrollment in Pharmacy Benefit Dimensions PDP depends on contract renewal between Independent Health and CMS.

Verbal translation, alternate formats of written materials, and/or assistance for those with special needs, may be available upon request. (Traducción verbal, formatos alternativos de materiales escritos y/o asistencia para quienes tienen necesidades especiales, disponibles a solicitud.)