

MEMBER NAME: _____ ID #: _____
NAME OF PERSON FILING APPEAL: _____

Check all that apply: Subscriber Member Authorized Representative*

*For "authorized representative", the Member must sign here and comply with the note below in order to authorize the representative to act on their behalf: _____

Note: Signing above does not automatically authorize the representative to proceed on your behalf. A proper HIPAA authorization is required in order for your protected health information to be shared with your representative. If there is no HIPAA authorization on file for this representative, an authorization will be sent to you to execute and return. Your appeal cannot be processed without all properly completed authorizations. Please note that a special authorization may also be required for behavioral health and family planning matters involving a member over age 13.

Contact information of person filing appeal:

Address: _____ Daytime/Cell Phone: _____

Email: _____

Briefly describe why you disagree with this decision (you may use back of form and attach additional information, such as a physician's letter, bills, medical records, or other documents to support your claim):

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

Member Signature Date

Send this form and your denial notice to: Pharmacy Benefit Dimensions Benefit Administration, 511 Farber Lakes Drive, Buffalo, NY 14221 or fax to (716) 580-5264. Be certain to keep copies of this form, your denial notice, and all documents and correspondence related to this claim.

Urgent appeals are available only for services that have not been provided.

Are you requesting an urgent appeal? Yes No *Standard decisions are made within 30 calendar days*
If yes, you must have your treating physician check the appropriate box(es) below and sign the certification.

My patient's health would be in serious jeopardy if required to wait for a standard appeal decision.

My patient would experience pain that cannot be adequately controlled if required to wait for a standard appeal decision.

Certification:

I hereby certify that the above, in my professional opinion, presents an urgent situation requiring that this member's (my patient) appeal be expedited.

Treating Physician Signature Date Phone

Print Name: _____

STATE CONSUMER ASSISTANCE PROGRAMS UNDER PHS ACT SECTION 2793

<p>Alabama No program</p>	<p>Alaska No program</p>	<p>Arizona No program</p>	<p>Arkansas Arkansas Insurance Department, Consumer Services Division 1200 West Third St. Little Rock, AR 72201 (855) 332-2227 Insurance.consumers@arkansas.gov</p>	<p>California California Department of Managed Health Care Help Center 980 9th Street, Suite 500 Sacramento, CA 95814 (888) 466-2219 www.healthhelp.ca.gov helpline@dmhc.ca.gov</p>
<p>Colorado No program</p>	<p>Connecticut Connecticut Office of the Healthcare Advocate 153 Market St. 6th Fl. Hartford, CT 06103 (866) 466-4446 www.ct.gov/oha healthcare.advocate@ct.gov</p>	<p>Delaware Department of Insurance 841 Silver Lake Blvd Dover, DE 19904 (800) 282-8611 consumer@state.de.us</p>	<p>District of Columbia DC Healthcare Finance Office of the Ombudsman 899 North Capitol Street, NE Room 6037 Washington, DC 20002 (877) 685-6391 healthcareombudsman@dc.gov</p>	<p>Florida No program</p>
<p>Georgia Georgia Office of Insurance and Safety Fire Commissioner Consumer Services Division 2 Martin Luther King, Jr. Dr. West Tower, Suite 716 Atlanta, Georgia 30334 (800) 656-2298 www.oci.ga.gov/ConsumerService/Home.aspx</p>	<p>Hawaii No program</p>	<p>Idaho No Program</p>	<p>Illinois Illinois Department of Insurance 320 W. Washington St, 4th Floor Springfield, IL 62727 (877) 527-9431 www.insurance.illinois.gov DOI.Director@illinois.gov</p>	<p>Indiana No program</p>
<p>Iowa The Iowa Insurance Division's Consumer Advocate Bureau 330 Maple St Des Moines, IA 50319 (877) 955-1212 insuranceca.iowa.gov/ consumer.advocate@iid.iowa.gov</p>	<p>Kansas Kansas Insurance Department Consumer Assistance Division 420 SW 9th Street Topeka, KS 66612 (800) 432-2484 (785) 296-7829 www.ksinsurance.org CAP@ksinsurance.org</p>	<p>Kentucky Kentucky Department of Insurance, P.O. Box 517 Frankfort, KY 40602 (877) 587-7222 healthinsurancehelp.ky.gov DOI.CAPOmbudsman@ky.gov</p>	<p>Louisiana No program</p>	<p>Maine Consumer for Affordable Health Care 12 Church Street Augusta, ME 04338-2490 (800) 965-7476 www.maineahc.org consumerhealth@maineahc.org</p>
<p>Maryland Maryland Office of the Attorney General Health Education and Advocacy Unit 200 St. Paul Place, 16th Floor Baltimore, MD 21202 (877) 261-8807 http://www.oag.state.md.us/Consumer/HEAU.htm heau@oag.state.md.us</p>	<p>Massachusetts No Program</p>	<p>Michigan Office of Financial and Insurance Regulation 611 W. Ottawa Street Lansing, MI 48933 (877) 999-6442 http://michigan.gov/ofir Ofir-hicap@michigan.gov</p>	<p>Minnesota No Program</p>	<p>Mississippi No Program</p>

<p>Missouri Missouri Department of Insurance 301 W. High Street Room 830 Jefferson City, MO 65101 (800) 726-7390 www.insurance.mo.gov consumeraffairs@insurance.mo.gov</p>	<p>Montana Montana Consumer Assistance Program 840 Helena Ave Helena, MT 59601 (800) 332-6148 http://www.csi.mt.gov</p>	<p>Nebraska No program</p>	<p>Nevada Nevada's Governor's Office for Consumer Health Assistance 555 East Washington Ave #4800 Las Vegas, NV 89101 (702) 486-3587 (888) 333-1597 http://www.govcha.nv.gov cha@govcha.nv.gov</p>	<p>New Hampshire New Hampshire Department of Insurance 21 South Fruit Street, Suite 14 Concord, NH 03301 (800) 852-3416 www.nh.gov/insurance consumerservices@ins.nh.gov</p>
<p>New Jersey New Jersey Department of Banking and Insurance PO Box 329 Trenton, NJ 08625 (800) 446-7467 (888) 393-1062 (appeals) www.state.nj.us/dobi/consumer.htm ombudsman@dobi.state.nj.us</p>	<p>New Mexico New Mexico Consumer Assistance Program 1120 Paseo De Peralta Santa Fe, NM 87504 (888) 427-5772 nmprc.state.nm.us/id.htm mchb.grievance@state.nm.us</p>	<p>New York New York State Insurance Department Consumer Services Bureau 25 Beaver Street New York, NY 10004-2319 (800) 342-3736 http://www.dfs.ny.gov/consumer/fileacomplaint.htm</p>	<p>North Carolina Health Insurance Smart NC North Carolina Department of Insurance 430 N. Salisbury Street Suite 1018 Raleigh, NC 27603 (877) 885-0231 www.ncdoi.com/Smart/</p>	<p>Ohio No program</p>
<p>Oklahoma Oklahoma Insurance Dept. Five Corporate Plaza 3625 Northwest 56th Street, Suite 100 Oklahoma City, OK 73112 (800) 522-0071 (in-state) (405) 521-2991 http://www.ok.gov/oid/Consumers/Consumer_Assistance/index.html</p>	<p>Oregon Oregon Insurance Division Oregon Health Connect 350 Winter St. NE Salem, OR 97309 (855) 999-3210 www.oregonhealthconnect.com health.connect@state.or.us</p>	<p>Pennsylvania Pennsylvania Department of Insurance Bureau of Consumer Services 1209 Strawberry Square Harrisburg, PA 17111 (877) 881-6388 www.insurance.pa.gov ra-in-consumer@state.pa.us</p>	<p>Puerto Rico Puerto Rico Oficina de la Procuradora del Paciente 1215 Ponce de Leon PDA 18 Santurce, PR 00907 (800) 981-0031 www.pacientes.gobierno.pr querellas@opp.gobierno.pr</p>	<p>Rhode Island Rhode Island Consumer Assistance Program Rhode Island Department of Business Regulation 1511 Pontiac Avenue, Bldg 69-2 Cranston, RI 02920 (401) 462-9520 www.ohic.ri.gov/consumer-protection/file-complaint InsInquiry@dbr.ri.gov</p>
<p>South Carolina No program</p>	<p>South Dakota No program</p>	<p>Tennessee Tennessee Department of Commerce and Insurance 500 James Robertson Pkwy Davy Crockett Tower, 4th floor Nashville, TN 37243-0574 (800) 342-4029 www.tn.gov/commerce/insurance CIS.Complaints@state.tn.us</p>	<p>Texas Texas Department of Insurance Texas Consumer Health Assistance Program Mail Code 111-1A 333 Guadalupe P.O. Box 149091 Austin, TX 78714 (855) 839-2427 (855-TEX-CHAP) www.texashealthoptions.com chap@tdi.state.tx.us</p>	<p>Utah No program</p>
<p>Vermont Vermont Legal Aid 264 North Winooski Ave. Burlington, VT 05402 (800) 917-7787 www.vtlegalaid.org</p>	<p>Virginia Virginia Consumer Assistance Program Life & Health Division, Bureau of Insurance 1300 East Main Street Richmond, VA 23219 (877) 310-6560 www.scc.virginia.gov/boi bureauofinsurance@scc.virginia.gov</p>	<p>Washington Washington Consumer Assistance Program 5000 Capitol Blvd Tumwater, WA 98501 (800) 562-6900 http://www.insurance.wa.gov vcap@oic.wa.gov</p>	<p>Washington, DC DC Healthcare Finance Office of the Ombudsman 899 North Capitol Street, NE Room 6037 Washington, DC 20002 (877) 685-6391 healthcareombudsman@dc.gov</p>	<p>West Virginia West Virginia Office of the Insurance Commissioner Consumer Service Division 1124 Smith St. Room 309 Charleston, WV 25301 (888) 879-9842 www.wvinsurance.gov</p>
<p>Wisconsin No program</p>	<p>Wyoming No program</p>			

Language Assistance Services

English	We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-667-5936. Someone who speaks English/Language can help you. This is a free service.
Spanish	Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-667-5936. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.
Chinese Mandarin	我們提供免費的翻譯服務，幫助您解答關於健康或藥物保險的任何疑問。如果您需要此翻譯服務，請致電 1-800-667-5936。我們的中文工作人員很樂意幫助您。這是一項免費服務。
Chinese Cantonese	您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-667-5936。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。
Tagalog	Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-667-5936. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.
French	Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-667-5936. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.
Vietnamese	Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-667-5936 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.
German	Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-667-5936. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.
Korean	당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-667-5936번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.
Russian	Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-667-5936. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.
Arabic	إننا نقدم خدمات الترجمة الفورية المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحظوظ يرجى الاتصال فوراً بخدماتنا على 1-800-667-5936. نحن نقدم خدمة مساعدة مجانية.
Hindi	हमारे पास या दवा की योजना के बारे में आपके किसी भी सवाल का जवाब देने के लिए हमारे पास दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया की मदद करने के लिए, बस हम 1-800-667-5936 पर फोन कर. कोई भी जो हिंदी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian	È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-667-5936. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.
Portuguese	Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-667-5936. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.
French Creole	Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-667-5936. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.
Polish	Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-667-5936. Ta usługa jest bezpłatna.
Japanese	当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-667-5936にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

**Pharmacy
Benefit
Dimensions®**

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Discrimination is Against the Law

Pharmacy Benefit Dimensions is a subsidiary of Independent Health and complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Pharmacy Benefit Dimensions does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Pharmacy Benefit Dimensions:

- 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 these services, contact Pharmacy Benefit Dimensions' Member Services Department.

If you believe that Pharmacy Benefit Dimensions 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: Pharmacy Benefit Dimensions' Member Services Department, P.O. Box 1642, Buffalo, NY 14231, 1-800-667-5936, TTY users call 711, fax (716) 250-7163, PBDMedicareservicing@pbdrx.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Pharmacy Benefit Dimensions' Member Services 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 <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
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.