

Request for Appeal Form

- Standard Appeal
 Fast Appeal (if your condition is urgent, see your member handbook for more details)

To ask for an appeal, please fill out and mail it to us. It will help us look at your request. We'll send you a letter within five calendar days to let you know we got the form. We'll send you a letter within 30 calendar days after we get the form to let you know what we decide.

Member name: _____
Parent's or guardian's name (if service is for a child): _____
Amerigroup ID number: _____
Member phone number: _____
Reference number (located on your denial letter): _____
Name of doctor who wants to give or who gave you the service: _____
Doctor's office address: _____

Doctor's office phone number(s): _____ / _____
Type of service you want or got: _____
Why you want or got the service: _____
Date you had or want to have the service: _____
Why you are asking for an appeal: _____

Sign and send this form to:

Central Appeals Processing
Amerigroup Louisiana, Inc.
P.O. Box 62429
Virginia Beach, VA 23466-2429
Fax: 1-888-873-7038

- I want to be there when Amerigroup reviews my appeal.
 I don't want to be there when Amerigroup reviews my appeal.

By signing this form, we have the right to get medical records needed to complete an administrative review.

Signature: _____ Date: _____
Member, Parent, Legal Guardian or Approved Representative*

*An approved representative must be named by the member, parent or legal guardian. The provider may act on behalf of the member with the member's and/or responsible party's written consent. An approved representative cannot make health care decisions that involve the financial duty of the member, parent or legal guardian unless it is put in writing.

For members who do not speak English, we offer oral interpretation services for all languages. These services are free of charge. If you need these services, call Member Services toll free at 1-800-600-4441.

Para miembros que no hablan inglés, ofrecemos servicios de interpretación oral para todos los idiomas. Estos servicios son gratuitos. Si necesita estos servicios, llame a la línea gratuita de Servicios al Miembro al 1-800-600-4441.

Nếu quý vị cần thông tin này bằng tiếng Việt, hãy gọi tới đường dây miễn phí của Dịch Vụ Thành Viên theo số 1-800-600-4441.