Amerigroup RealSolutions in healthcare

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APPEAL REQUEST FORM

Please fill out this form, and send it back to us.
If you need help, please call Member Services at 1-800-600-4441 (TTY 711), Monday through Friday from 7 a.m. to 6 p.m. Central time. STAR Kids members call 1-844-756-4600 (TTY 711), Monday through Friday from 8 a.m. to 6 p.m. Central time.

RE: Member Name: _____

Amerigroup Member ID Number: _____

Medicaid ID Number: _____

Parent/Guardian Name (if child member): _____

Reference or Authorization Number from Letter: _____

Type of services you want or received: _____

Why you want or received the service: _____

Date you had or want to receive the service: _____

Why you are appealing: _____

_____

_____

_____

I authorize _____ to appeal on my/my child's behalf.

You can send this form and any information you feel we need for your appeal to the address below.

Health Care Management Appeals
Amerigroup
2505 N. Highway 360, Ste. 300
Grand Prairie, TX 75050

By signing this form, you give Amerigroup the right to get any of your medical records we need for your appeal.

Your Signature: _____ Date: _____