



IMPERIAL INSURANCE COMPANIES

Imperial Insurance Companies, INC. (HMO) (HMO SNP) Written Appeal Form (Part C & D)

You have a right to an appeal if you believe you are entitled to a service or benefit that has been denied. An **expedited** appeal is only available when the standard process could seriously jeopardize life, health, or the ability to regain maximum function. Expedited requests not meeting one of these criteria will be transferred to the **standard** process. **ALL CLAIM APPEALS ARE PROCESSED AS STANDARD APPEALS.**

Complete member information about the grievance below:

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Address: _____ **City, State, Zip:** _____

Home Phone Number: _____ **Alternate Phone Number:** _____

Member ID: _____ **Date of Birth:** _____

Describe what was denied and why you believe you are entitled to the denied services or benefit. Please attach copies of any additional information that may be helpful to your appeal (i.e., denial letter, medical records, etc.) Use another sheet of paper if necessary.

Member Signature: _____ **Date:** _____

If you are the member’s representative and filing the grievance on the member’s behalf, please sign below. You will also need complete the Appointment of Representative (AOR) Form on the Imperial Insurance Companies website www.imperialhealthplan.com and send this appeal with the AOR Form.

Signature of Representative: _____ **Date:** _____

If the appeal is filed by someone other than the member, please fill out and sign the **Appointment of Representative Form** available on the Imperial Insurance Companies website www.Imperialhealthplan.com and submit it with this form. Additional information regarding the AOR process can be found on the next page.

HOW TO SUBMIT YOUR APPEAL

You may file an appeal by:

- **Fax:** Submitting a written appeal or a completed Imperial Insurance Companies, Inc. Appeal Request Form by fax to **1-626-380-9049**.
- **Email:** appealsgrievances@imperialhealthplan.com with a completed Imperial Insurance Companies, Inc. Appeal Request Form.
- **Send a letter to us. Mail your written request to:**

**Imperial Insurance Companies, Inc.
Attn.: Appeals & Grievances
PO Box 60874
Pasadena, CA 91116**

Appeal Processing Times:

Medicare Part C - (Medical Services)

Standard pre-service = 30 Days

Standard post-service and all Claims = 60 days

Expedited = 72 Hours

Medicare Part D - (Prescription Drugs)

Standard = 7 Days

Expedited = 72 Hours

An enrollee may appoint any individual (such as a relative, friend, advocate, or an attorney) to act as his or her representative. To be appointed by an enrollee, both the enrollee making the appointment and the representative accepting the appointment (including attorneys) must sign, date, and complete a representative form or an equivalent written notice. An "equivalent written notice" is one that:

- Includes the name, address, and telephone number of enrollees.
- Includes the enrollee's Medicare Beneficiary Identifier (MBI).
- Includes the name, address, and telephone number of the individual being appointed.
- Contains a statement that the enrollee is authorizing the representative to act on his or her behalf for the claim(s) at issue, and a statement authorizing disclosure of individually identifying information to the representative.
- Is signed and dated by the enrollee making the appointment; and
- Is signed and dated by the individual being appointed as representative and is accompanied by a statement that the individual accepts the appointment.

This form can be found on our website at www.imperialhealthplan.com. Should you need assistance or have any questions while filling out any of these forms please contact our Member Services Department at 1-800-838-8271, (TTY: 711), Monday through Sunday, 8:00 am to 8:00 pm PST except holidays during October 1 through March 31 and Monday through Friday 8:00 am to 8:00 pm PST April 1 through September 30 except holidays.

Office Use Only:

Imperial Representative Name: Click or tap here to enter text. **Date:** Click or tap here to enter text.

AOR on File: Yes No

Materials Preference (from application) Spanish Braille Large Print Audio CD

Other: _____

Imperial Insurance Companies, Inc. (HMO) (HMO SNP) is dedicated to ensuring their members have a complete understanding of their Medicare rights, protections and responsibilities as an Imperial Insurance Companies, Inc. member. **Should you have additional questions, please call Imperial Insurance Companies, Inc. Member Services at the telephone number listed above.**

Imperial Insurance Companies, Inc. is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Insurance Companies, Inc. depends on contract renewal.

Imperial Insurance Companies, Inc. (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-708-5976 (TTY : 711).