

# Your Claim Appeal Rights and Appeal Form



## Section 1 – Your Claim Appeal Rights

If you receive your health benefits coverage through an employer-sponsored plan and your employer is not a governmental entity or religious organization, your claim appeal rights are likely governed by the Employee Retirement Income Security Act (ERISA). If you receive your health benefits coverage through any other arrangement, you have the same appeal rights as a matter of other Federal and/or State laws.

Blue Cross and Blue Shield of Kansas (BCBSKS) must receive your appeal within 180 days of the adverse decision. BCBSKS must make

an appeal determination within 15 days (pre-service claim), 30 days (post service claim) or 72 hours (urgent care claim) of receiving your written appeal.

If you are covered by a health plan subject to ERISA, you have the right to pursue judicial review in federal or state court under Section 502(a) of ERISA only after exhausting the above appeal procedures. This exhaustion requirement also applies to non-ERISA coverage and plans, i.e. you must complete all applicable appeals prior to initiating any legal action concerning the denial of your claim.

## Section 2 – Appeal Form

**To appeal a claim that has been denied in whole or in part, you must complete the following:**

1. Patient name and service(s) being appealed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Provide the applicable precertification, inquiry or claim control numbers related to the denied service:

\_\_\_\_\_  
\_\_\_\_\_

3. Tell us why you disagree with the denial (attach any documents you want to be considered with your appeal):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. You have the right to documents, free of charge, used in making the claim determination including any guidelines or rules referred to in the denial. Please list the specific document(s) you want:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If you have authorized someone else to make this appeal on your behalf, you must give us the following information:

\_\_\_\_\_  
Name of Authorized Person

\_\_\_\_\_  
Street Address for Mailing Notices

\_\_\_\_\_  
City

\_\_\_\_\_  
State      ZIP Code      +4

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail Address

### Your signature required

\_\_\_\_\_  
Patient/Parent of Minor Child/Guardian of Patient

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Identification Number

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Fax Number

### Mail your appeal to:

Blue Cross and Blue Shield of Kansas  
1133 SW Topeka Blvd., Topeka, KS 66629

**If you have questions about your claim or the appeals process, please call:** BCBSKS Customer Service Center: (800) 432-3990

Esta correspondencia está disponible en español, llame por favor el centro del servicio de atención al cliente.

**Applicable to administrative services only groups:** BCBSKS provides administrative claims payments only and does not assume

any financial risk or obligation with respect to claims. This applies to you if you have a Benefit Description.

### Other consumer resources:

Kansas Insurance Department – Consumer Assistance Division  
1300 SW Arrowhead Road, Topeka, KS 66604  
Phone: (785) 296-3071 – Toll Free: (800) 432-2484  
Email: [kid.commissioner@ks.gov](mailto:kid.commissioner@ks.gov)  
Website: <http://www.ksinsurance.org>

Employee Benefits Security Administration (EBSA) may be contacted at 1-866-444-EBSA (3272) or [www.askebsa.dol.gov](http://www.askebsa.dol.gov).

This information is being furnished in compliance with applicable federal regulations.

ATTENTION: If your primary language is not English, language assistance services, free of charge, are available to you. Call 1-800-432-3990 (TTY: 1-800-766-3777).

**Discrimination is against the law.**

Blue Cross and Blue Shield of Kansas (BCBSKS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. BCBSKS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Kansas:

- 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 Civil Rights Coordinator.

If you believe that BCBSKS 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:

Civil Rights Coordinator, 844-263-7829 (TTY 1-800-766-3777), 1133 SW Topeka BLVD Mail Stop: 705B2 Topeka, KS 66629, civilrights.coordinator@bcbsks.com.

You can file a grievance in person or by mail, or email.

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>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-432-3990 (TTY: 1-800-766-3777).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-432-3990 (TTY: 1-800-766-3777).

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 1-800-432-3990 (TTY:1-800-766-3777)。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

Rufnummer: 1-800-432-3990 (TTY: 1-800-766-3777).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-432-3990

(TTY: 1-800-766-3777)번으로 전화해 주십시오.

ໄປດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-432-3990

(TTY: 1-800-766-3777).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمتجان. اتصل برقم 1-800-432-3990 (رقم هاتف الصم والبكم: 1-800-766-3777).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

Tumawag sa 1-800-432-3990 (TTY: 1-800-766-3777).

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ အခမဲ့ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ်

1-800-432-3990 (TTY: 1-800-766-3777) သို့ ခေါ်ဆိုပါ။

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-432-3990

(ATS : 1-800-766-3777).

注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-432-3990 (TTY:1-800-766-3777) まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-432-3990

(телетайп: 1-800-766-3777).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-432-3990

(TTY: 1-800-766-3777).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-432-3990 (TTY: 1-800-766-3777) تماس بگیرید.

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-800-432-3990

(TTY: 1-800-766-3777).