



## Appeal Form

According to state guidelines, you have 65 days from the date of service, adverse decision, or initial provider bill to request an appeal. Please complete this form to the best of your ability and return it by mail, email, fax, or by hand delivery. If you have any questions while completing this form, contact the Customer Service number listed below.

**Mailing Address:**

Attn: Appeals and Grievances  
 Aspirus Health Plan  
 P.O. Box 51  
 Minneapolis, MN 55440-9972

**Email:**

cagMA@aspirushealthplan.com

**Phone:**

715-631-7440 or 1-855-931-4858

TTY/Hearing Impaired:

715-631-7413 or 1-855-931-4852

**Fax:**

715-631-7439 or 1-855-931-4857

**Section 1: Good Reason**

According to state guidelines, you have 65 days from the date of service, adverse decision, or initial provider bill to request a review. Appeals received after 65 days will be considered late and dismissed by our plan unless there is a valid reason for the delay.

If this case was not submitted in a timely manner, please state the reason why the complaint is late.

**Section 2: Member Information**

Member's Name:

Date of Birth:

Member's Address:

City:

State:

Zip:

Daytime Phone: (     )

Member's Plan ID Number:

Medicare ID Number  
(HICN)/PMI #:



**Section 5: Signature**

I certify that the above information is true, complete, and correct to the best of my knowledge. I understand that statements or information furnished on this form will be verified and I agree to furnish supporting documents or information to Aspirus if requested.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Member's Printed Name: \_\_\_\_\_

**Only a member or their authorized representative can file a complaint with Aspirus. If the person submitting the complaint is someone other than the member, please complete section(s) 6 OR 7 and 8.**

**[Section 6: Documentation of a Valid Representative**

I have attached a copy of a valid:

- Authorization of Representation Form (CMS-1696)
- Power of Attorney (POA) Form
- Healthcare Proxy
- Estate Form
- Other Form Type: \_\_\_\_\_
- Representative information has been submitted to Aspirus within the last 12 months

Information Submitted: \_\_\_\_\_

Date of Submission: \_\_\_\_\_ ]

**[Section 6/7: Appointment of Representative:**

**Appointment of Representative**

I, \_\_\_\_\_ authorize \_\_\_\_\_ to submit this  
(print member's name) (print representative's name)

complaint on my behalf; to present or elicit evidence to Aspirus; and receive any notice in connection with this complaint. I understand that personal medical information related to my complaint will be shared with my representative.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_ ]

**[Section 8: Appointment Documentation**

**Acceptance of Appointment**

I, \_\_\_\_\_ accept the appointment to act on behalf of \_\_\_\_\_.  
(print representative's name) (print member's name)

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representative's Name:

Relationship to the Member:

Address:

City:

State:

Zip:

Daytime Phone: (     ) \_\_\_\_\_ ]

## Notice of Availability

ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 715.631.7411/1.855.931.4850 (TTY 715.631.7413/1.855.931.4852).

ልብ ይበሉ:- የአማርኛ ቋንቋ የሚናገሩ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎት ለእርስዎ ቀርቦልዎታል። ተደራሽ በሆኑ ቅርፀቶች መረጃዎችን ለማቅረብ ተገቢ የሆኑ አጋዥ ድጋፍ ሰጪ መሳሪያዎች እና አገልግሎቶችም እንዲሁ በነፃ ቀርቦዎልዎታል። በ 715.631.7411/1.855.931.4850 (TTY 715.631.7413/1.855.931.4852) ይደውሉ.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا المساعدات والخدمات المساعدة الإضافية لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. يمكنك الاتصال على الرقم 715.631.7411/1.855.931.4850 (TTY 715.631.7413/1.855.931.4852).

សូមជ្រាបជាដំណើរ: ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាកម្មជំនួយភាសាគតគិតថ្លៃអាចត្រូវបានផ្តល់ជូនសម្រាប់អ្នក។ ជំនួយ និងសេវាជំនួយសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងទម្រង់ដែលអាចចូលប្រើបានក៏ត្រូវបានផ្តល់ជូនដោយគតគិតថ្លៃផងដែរ។ ទូរសព្ទទៅលេខ 715.631.7411/1.855.931.4850 (TTY 715.631.7413/1.855.931.4852) ។

請注意：如果您講粵語，可得免費語言協助服務。還可免費提供適當的輔助工具和服務，能以無障礙格式提供資訊。請致電 715.631.7411/1.855.931.4850 (聽障專線 715.631.7413/1.855.931.4852)。

请注意：如果您说普通话，我们可为您提供免费的语言协助服务。此外，我们还免费提供适当的辅助设备和服务，以无障碍格式提供信息。请致电 715.631.7411/1.855.931.4850 (TTY 715.631.7413/1.855.931.4852)。

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 715.631.7411/1.855.931.4850 (ATS 715.631.7413/1.855.931.4852).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 715.631.7411/1.855.931.4850 (TTY 715.631.7413/1.855.931.4852) an.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लए ननः शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ फॉर्मेट में जानकारी प्रदान करने के लए उपयुक्त सहायक साधन और सेवाएं भी ननः शुल्क उपलब्ध हैं। 715.631.7411/1.855.931.4850 (TTY 715.631.7413/1.855.931.4852) पर कॉल करें।

TSWM SEEB: Yog tias koj hais tau lus Hmoob, ces yuav muaj kev pab cuam txhais lus pub dawb rau koj siv. Kuj tseem muaj cov kev pab txhawb ntxiv thiab cov kev pab cuam uas tsim nyog los mus muab cov ntaub ntawv qhia paub nyob rau cov qauv uas nkag siv tau dawb thiab. Hu rau 715.631.7411/1.855.931.4850 (TTY 715.631.7413/1.855.931.4852).

ໝາຍເຫດ: ການບໍລິການທາງດ້ານພາສາແມ່ນຟຣີຮ້ອນໃຫ້ບໍລິການແກ່ທ່ານ. ນອກນັ້ນ, ຍັງມີການບໍລິການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມທິດໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ທ່ານເຂົ້າເຖິງໄດ້ຟຣີອີກນຳ. ໂທ 715.631.7411/1.855.931.4850 (TTY 715.631.7413/1.855.931.4852).

HUBACHIISA: Afaan Oromo kan dubbattan yoo ta'e, tajaajila gargaarsa afaanii bilisaan ni argattu. Odeeffannoo bifa dhaqqabamaa ta'een dhiheessuf, gargaarsii fi tajaajiloonni dabalataa mijatoo ta'anis bilisaan ni kennamu. Bilbilaa 715.631.7411/1.855.931.4850 (TTY 715.631.7413/1.855.931.4852).

ВНИМАНИЕ: Если вы говорите на русском языке, вам доступны бесплатные услуги языковой помощи. Соответствующие вспомогательные средства и услуги по предоставлению информации в других форматах также можно получить бесплатно. Позвоните по номеру 715.631.7411/1.855.931.4850 (TTY 715.631.7413/1.855.931.4852).

FIIRO GAAR AH: Haddii aad ku hadasho Af-Soomaali, adeegyada caawimaada luuqadda ee bilaashka ah ayaa lagu heli karaa. Kaalmooyinka iyo adeegyada dheeraadka ah ee kugu habboon si macluumaadka laguugu siiyo qaabab la isticmaali karo ayaa sidoo kale lagu heli karaa weliba si lacag la'aan ah. Wac 715.631.7411/1.855.931.4850 (TTY 715.631.7413/1.855.931.4852).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También disponemos de ayudas y servicios auxiliares adecuados de forma gratuita para facilitar información en formatos accesibles. Llame al 715.631.7411/1.855.931.4850 (TTY 715.631.7413/1.855.931.4852).

PAUNAWA: Kung nagsasalita ka ng Tagalog, may magagamit kang mga libreng serbisyo ng tulong sa wika. Mayroon ding mga naaangkop na karagdagang pantulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format na magagamit nang libre. Tumawag sa 715.631.7411/1.855.931.4850 (TTY 715.631.7413/1.855.931.4852).

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Ngoài ra, cũng có sẵn các hỗ trợ và dịch vụ phụ trợ thích hợp miễn phí nhằm cung cấp thông tin ở các định dạng có thể truy cập. Gọi 715.631.7411/1.855.931.4850 (TTY 715.631.7413/1.855.931.4852).