



Mon – Fri 8 am to 5 pm:  
Commercial Members: 888-847-7902  
Medicaid Members: 888-613-8385

Mon – Fri 8 am to 8 pm:  
Self-Funded Members: 888-816-3096

## Complaint and Appeal Form

October 1 to March 31  
8 am to 8 pm, 7 days a week

April 1 to September 30  
8 am to 8 pm, Mon-Fri  
Medicare Members: 1-877-847-7907

Who is making request:  Member  Provider

Please fill out the following information for the primary Insured/Member.

*(This information may be found on the front of your ID card.)*

Today's Date:		Member's ID Number:	
Member's Group Number (Optional):			
Member's First Name:	Middle Initial:	Last Name:	
Member's Birthdate (MM/DD/YYYY:)		Member's E-mail Address:	

Please fill out the following information for the person this form is for.

First Name:	Last Name:	Birthdate (MM/DD/YYYY):
Relationship to person asking for the appeal: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____		
<b>Note:</b> <i>If you chose spouse, child (18 years of age or older) or other, please fill out and include an Authorized Representative Form (found on our website) or Power of Attorney. Non-participating providers must include a waiver of liability.</i>		
Please select one of the following: <input type="checkbox"/> Pre-Service Appeal <input type="checkbox"/> Post Service Appeal <input type="checkbox"/> Complaint		

*(This information may be found on documents from THP)*

<b>Claim ID Number</b> (If Post Service is marked above):	<b>Authorization Number</b> (If Pre-Service is marked above):	<b>Service Date</b> (If Post Service insert date of services, if Pre-Service insert date of denial):
Reason for Your Request <i>(Please use other pages if needed):</i>		
Member's Signature:		

Note: When sending this form, please include any bills and/or documents for these services as well as any other helpful information. You may mail your request to: The Health Plan 1110 Main Street Wheeling, WV 26003 or use our Customer Service Fax Number: (740) 699-6163