MedImpact
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APPEAL FORM

To initiate an appeal, complete and submit this form to MedImpact's Appeal Coordinator at the address listed below. Or, fax it to the Appeal Coordinator at (858) 790 6060. **Include a copy of the denial letter with the completed appeal form.**

Date: ____________________ PA Reference # (found on denial letter): ________________________________

Member Information

Name: ________________________________ ____ ________________________________ DOB: _____/_____/________
First Name MI Last Name

Group/Health Plan Name: ____ Group/Health Plan Id #:____________________________

Address:______________________________________ City: _______________________________ State: ___________ Zip:___________

Home Phone: (______)_________-________________ Work Phone: (______)_________-________________

Physician Information (name and phone number are required)

Name: _______________________________ ____ Physician ID#: __________________
First Name Last Name

Address:______________________________________ City: _______________________________ State: ___________ Zip:___________

Phone: (______)_________-________________ Fax: (______)_________-________________ DEA#: ______________________

Appeal Information /Description of Appeal

Date drug was denied: _____________ Drug name, strength, and duration denied: ____

Provide a detail description of the reason for this appeal (attached additional sheets if necessary):_______________________

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Authorized Representative Information

If Someone Other Than The Member Is Filing This Appeal, Please Provide The Following Information:

Name: ____ Relationship to Member: _______________________________
First and Last

Address:______________________________________ City: _______________________________ State: ___________ Zip:___________

Daytime Telephone: (______)_________-________________

I Hereby Attest That The Above Information Is True:

____
Member's Signature Date

____
Representative's Signature (if one has been assigned) Date

☐ *Check this box if you believe that you need a decision within 72 hours.*

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