



# Member Complaint and Appeal Form

**NOTE:** Completion of this form is voluntary. To obtain a review, you or your authorized representative may also call our Member Services Department using the telephone number displayed on the member ID card or submit a request in writing to the address listed at the end of your Explanation of Benefits (EOB) or other correspondence received from us.

**Please provide 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	Plan Type <input type="checkbox"/> Medical <input type="checkbox"/> Dental	Member's Group Number <i>(Optional)</i>
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Member's First Name	Member's Last Name	Member's Birthdate <i>(MM/DD/YYYY)</i>
Member's E-mail Address		

**Please provide the following information for the person you are submitting the request for.**

First Name	Last Name	Birthdate <i>(MM/DD/YYYY)</i>
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Relationship to person requesting the appeal:  
 Self    Spouse    Child    Other \_\_\_\_\_

**Note:** If your selection is spouse, child (18 years of age or older) or other, please complete and include the attached Authorized Representative Form with your request.

Please advise if the appeal is related to:  
 Pre-Service    Post Service

**To help us review and respond to your request, please provide the following information.**

*(This information may be found on correspondence from us.)*

Claim ID Number <i>(If Post Service selected above.)</i>	Reference Number <i>(If Pre-Service selected above.)</i>	Service Date <i>(If Post Service insert date of services, if Pre-Service insert date of denial.)</i>
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Explanation of Your Request *(Please use additional pages if necessary.)*

Member's Signature

**Note:** When submitting this form with your request please include: - Bills and/or correspondence for these services  
- Any other helpful information.

You may mail your request to: **Innovation Health  
PO Box 14463  
Lexington, KY 40512**

Or use our National Fax Number: **859-425-3379**

**CRTM**

Innovation Health complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512,

1-800-648-7817, TTY: 711, Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Innovation Health is the brand name used for products and services provided by Innovation Health Insurance Company and/or Innovation Health Plan, Inc. Innovation Health is an affiliate of Inova Health System and of one or more of Aetna group of subsidiary companies. Aetna and its affiliates provide certain management services to Innovation Health.

TTY: 711

To access language services at no cost to you, call the number on your ID card.

Para acceder a los servicios de idiomas sin costo, llame al número que figura en su tarjeta de identificación. (Spanish)

무료 언어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오. (Korean)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số điện thoại ghi trên thẻ ID (Nhân dạng) của quý vị. (Vietnamese)

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقتك الشخصية. (Arabic)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tawagan ang numero sa inyong ID card. (Tagalog)

برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید. (Persian-Farsi)

የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

بلا قیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، اپنے شناختی کارڈ پر درج نمبر پر بات کریں۔ (Urdu)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro inscrit sur votre carte d'identité. (French)

Для получения бесплатной помощи переводчика позвоните по телефону, указанному на Вашей личной карточке медицинского страхования. (Russian)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिये नम्बर पर कॉल करें। (Hindi)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an. (German)

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন। (Bengali)

Iji nwetaòhèrè na ọ̀rụ̀ gasị̀ asụ̀sụ̀ n'efu, kpọ̀ọ̀ nọ̀mba no na kaadi ID gị̀. (Ibo)

M̩ d̩yɪ wuɖu-dù kà kò d̩ò b̩ě d̩yɪ m̩úún n̩ì p̩ídyɪ ní, n̩íí, d̩á n̩òbà n̩ià n̩ì ID káàò k̩ě. (Kru-Bassa)

Lati wọ̀nú awọ̀n isẹ̀ èdè l'ọ̀fẹ̀ fun ọ̀, pe nọ̀mba ori káádi idánimọ̀ rẹ̀. (Yoruba)