

Authorization Appeal



Complete this form to file an appeal for services that have not been rendered. Include supporting documentation, such as all pertinent medical records. Return by mail or fax.

Address
HealthSpring Part C Appeals
PO Box 188081
Chattanooga, TN 37422

Fax
Standard: 855-350-8671
Expedited: 855-350-8672

Member information			
First name	Middle initial	Last name	Identification number
Address		City	State ZIP
Date of birth / /		Phone	

Provider information			
Authorization number		Date of denial	Name
National Provider Identifier		Address	
State	ZIP	Phone	Fax

Select the type of appeal

Standard (30 days) Urgent (72 hours)

By requesting an expedited appeal, I attest that waiting 30 calendar days for a standard decision on a medical item or service or seven calendar days for a standard decision on a Medicare Part B prescription drug could seriously harm the patient's life, health or ability to regain maximum function.

Explain the reasons for this appeal

Attach additional pages or information you believe may help your case, such as relevant medical records. You may want to refer to the explanation we provided in your denial.