

Dear Valued Provider,

This is a reminder that member consent is required for all medical necessity appeals. Appeals submitted without the required member consent and documentation cannot be processed.

To ensure timely review, all appeals must include the following at the time of submission:

Required Documentation:

- Signed Authorized Representative Designation (ARD)/ Appointment of Representative (AOR) *or* written member consent authorizing your office to act on the member's behalf
- Formal written appeal request, including the reason for appeal and the member's diagnosis
- Supporting medical records

Please submit completed appeal requests via fax to 1-866-532-8855.

Appeals received without member consent will not be processed.

Thank you for your continued partnership in supporting timely and accurate appeal reviews.