1100 Circle 75 Parkway
Suite 1100
Atlanta, GA 30339

Date: «Date_Mailed»

Parent or Guardian of
«Member_First_Name» «Member_Last_Name»
«Member_Address»
«City_Of_Residence», Georgia «Zip_Code»

RE: «Member_First_Name» «Member_Last_Name» («Member_ID»)
DOB: «Birth_Date»

Dear Parent or Guardian of «Member_First_Name» «Member_Last_Name»:

Peach State Health Plan reviews members that receive medical services. This review makes sure that benefits are used properly. In our review, we look to see if members have any of the following:

- Prescriptions written on a stolen, fake, or changed prescription blank.
- Prescribed drugs that should not be used for the member's medical condition.
- Member has filled prescriptions at more than two pharmacies per month or more than five pharmacies per year.
- Member receives more than five different drugs per month.
- Member receives more than three controlled drugs (examples: pain medicine, medicine to help sleep, and medicine to control attention deficit disorder) per month.
- Member gets two or more drugs that work the same way from different providers.
- Member receives prescriptions from more than two doctors per month.
- Member has been seen in hospital emergency room more than two times per year
- Member has diagnosis of drug poisoning or drug abuse on file.
- Number of prescriptions for controlled drugs exceeds 10 % of total number of prescriptions.

We receive information from providers and the Department of Community Health (DCH). Pharmacies may also tell us about members that may need to have their use of drugs reviewed. If the member has one or more of the items above the member will be assigned to one pharmacist to fill all drugs. The member may also be given one doctor to write for controlled drugs.

The purpose of this letter is to:

- Tell you about the Pharmacy Lock-In Program.
- Tell you that we have selected a pharmacy that you will be locked into.
- Tell you the name of the doctor who may write for your controlled drugs, if one provider was chosen for you.
- Tell you that you may receive a call from a case manager at Peach State Health Plan or at Cenpatico Behavioral Health, Peach State Health Plan's behavioral health vendor.

(more on back)

Section A. Pharmacy Lock-In Program

You have been placed in the Pharmacy Lock-In Program. You will be in this program for at least one year. Peach State Health Plan is required to have a lock-in program by DCH. The lock-in program is for the protection of our members. Having one pharmacy fill all prescriptions can prevent a member from being harmed by drugs that do not work together.

Only the pharmacy selected will receive payment from Peach State Health Plan for drugs provided to you. If there is a doctor listed below, only that doctor can write prescriptions for controlled drugs for you to fill at your lock-in pharmacy.

For all pharmacies who manage lock-in patients, Peach State Health Plan expects the following:

- Verify controlled substance prescriptions by phone when multiple physicians are involved in the patient's care.
- Do not allow early refills on controlled substances.
- Make sure that all physicians writing prescriptions for controlled substances know that other physicians are also writing prescriptions for controlled substances for the same patient. This may not apply if the member is restricted to one provider below.

Section B. Selected Providers

Your selected provider(s) will be:

Effective Date	Provider Name	Provider Address	Provider Phone Number	NPI #
«Lockin_Start_ Date»	«Mmpharmacyname»	«Mmaddress» «Mmcitystatezip»	«Mmphone»	«Mmnpi»

If your pharmacy does not have your medication, please call Peach State Health Plan at 800-704-1484 for help getting your medicine filled.

Sincerely,

Randy S. Tompkins, MD
Medical Director
Peach State Health Plan

CC: «Mmpharmacyname»
Control Substance Provider: «Limdname», M.D.

1100 Circle 75 Parkway
Suite 1100
Atlanta, GA 30339

Date: «Date_Mailed»

Parent or Guardian of
«Member_First_Name» «Member_Last_Name»
«Member_Address»
«City_Of_Residence», Georgia «Zip_Code»

ADVERSE BENEFIT DETERMINATION

Dear **Parent or Guardian of «Member_First_Name» «Member_Last_Name» («Member_ID»)**

Peach State Health Plan reviews both providers and recipients of medical services. This guarantees that benefits are being used correctly.

We reviewed your drug, physician, and emergency room utilization for the last twelve months. Based on that information, your ability to choose a pharmacy at which your prescriptions may be filled will be:

☒ **Suspended: Please see attached letter for details.**

You or your provider, acting with your written consent, may obtain an appeal of this decision. An appeal means that you may request that this determination be reevaluated by another qualified medical professional. Your initial request may be made orally by calling 1-800-704-1484. If you make an oral request, you must also submit a written and signed request within 30 calendar days to:

Peach State Health Plan
Appeals and Grievance Coordinator
1100 Circle 75 Parkway Suite 1100
Atlanta, GA 30339

All requests for appeals must be made within thirty (30) days from the date of this letter. The action described in this letter is effective **«Lockin_Start_Date»**.

If you have moved and this Pharmacy or Medical Provider is no longer within driving distance from your new home, be sure the Department of Community Health has updated their records with your new address. You can then call Peach State Health Plan member services at 1-800-704-1484 and request a provider change based on your new location.

You, the member, are required to exhaust the Peach State Health Plan Administrative Review process before you have the right to an Administrative Law Hearing.

You have the right and are requested to submit written comments, documents, or other information relating to this request for administrative review. With your written consent, you have the right to have someone else represent you in making your appeal, including legal counsel.

Your Provider has the right to file a Provider complaint under Peach State Health Plan's Provider Complaint system.

Do you need help understanding this? If you do, call Peach State Health Plan's Member Service line at 1-800-704-1484.If you are hearing impaired, call our TDD/TTY 1-800-659-7487. You can also get this information in large font, an alternative language, or have this information read to you over the phone by calling Member Services.

(more on back)

¿Necesita ayuda para entender esto? Si la necesita, llame a la línea de Servicios para los miembros de Peach State Health Plan al 1-800-704-1484. Si es una persona con problemas de audición, llame a nuestro TDD/TTY 1-800-659-7487. Para obtener esta información en letra más grande o que se la lean por teléfono, llame a Servicios para los Miembros.

If you are currently receiving the service(s) and request an appeal, you may also ask that your service(s) continue during the course of the review. You may first orally request that the service(s) continue pending the review, but you are also required to put the request in writing. You may ask to continue benefits when you submit your written request for an appeal review, **but your appeal request for continuation of benefits must be made within (10) days from the date of this letter**. Please send all requests to the address listed above. If you request that your service(s) continue, and it is determined that the services were not medically necessary or appropriate, you will be responsible for paying for the service(s).

You may also ask for an expedited appeal review if you require a determination in less than thirty days because your health will seriously be jeopardized by the wait. You may make the request orally by calling 1-800-704-1484, (TDD/TTY) 1-800-659-7487. A determination will be made regarding your eligibility for an expedited review. As an Expedited Administrative Review must be resolved within 72 hours, document submission including evidence and allegations of fact or law must be submitted timely to allow review and determination within this timeframe.

Regular appeals submitted in writing will be determined within 30 days. Expedited appeals will be decided within 72 hours. This information has also been sent to your requesting provider.

You or your authorized representative has the right to request a copy of the criteria or benefit provision used in this decision. Please submit these written requests to:

Medical Management
Peach State Health Plan
1100 Circle 75 Parkway Suite 1100
Atlanta, GA 30339
ATTN: IQ Criteria

If you or your physician wishes to discuss this decision with the reviewer, please call 1-800-704-1484, (TDD/TTY) 1-800-659-7487, Monday through Friday between 8 am and 5 pm**.**

Sincerely,

Randy S. Tompkins, MD
Medical Director
Peach State Health Plan

CC: «Mmpharmacyname»
Control Substance Provider: «Limdname», M.D.

1100 Circle 75 Parkway
Suite 1100
Atlanta, GA 30339

APPOINTMENT OF REPRESENTATIVE FORM

Please fill out this form only if you would like to choose someone to represent you in your appeal. Be sure to sign your name. An appeal can be requested when you have been denied a service. Please fax or mail this form to the number or address below.

You must tell your provider if you select him or her to be your appeal representative.

Note: Please ask the provider to submit a formal request for an appeal. All medical notes should be submitted to support the request.

To Peach State Health Plan Appeals and Grievance Department:

I _____ give consent for
(Member's Name or Parent/Guardian)

_____ to act as my representative in the
(Provider's Name or Other Representative)

filing and processing of an administrative review (appeal).

_____
(Signature of Member or Parent/Guardian)

_____
(Print Name)

_____
(Member's Medicaid Number)

THIS FORM IS NOT A FORMAL APPEAL REQUEST. PEACH STATE HEALTH PLAN REQUIRES A VERBAL APPEAL REQUEST OR WRITTEN APPEAL REQUEST. CALL MEMBER SERVICES AT 1-800-704-1484 TO MAKE A VERBAL APPEAL REQUEST. SEE THE CONTACT INFO BELOW TO MAIL OR FAX YOUR WRITTEN APPEAL REQUEST.

Appeal Phone (Verbal Request): 1-800-704-1484

Appeal Address and Fax Number (for written request):

Appeal Address:
Peach State Health Plan
Appeals and Grievance Department
1100 Circle 75 Parkway Suite 1100
Atlanta, GA 30339
Fax: 1-866-532-8855

Do you need help understanding this? If you do, call Peach State Health Plan's Member Service line at 1-800-704-1484.If you are hearing impaired, call our TDD/TTY 1-800-659-7487. To get this information in large font or have this information read to you over the phone, call Member Services.

¿Necesita ayuda para entender esto? Si la necesita, llame a la línea de Servicios para los miembros de Peach State Health Plan al 1-800-704-1484. Si es una persona con problemas de audición, llame a nuestro TDD/TTY 1-800-659-7487. Para obtener esta información en letra más grande o que se la lean por teléfono, llame a Servicios para los Miembros.

peach state health plan

Intentionally Blank

1100 Circle 75 Parkway
Suite 1100
Atlanta, GA 30339

Statement of Non-Discrimination

Peach State Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Peach State Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Peach State Health Plan:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Peach State Health Plan at 1-800-704-1484 (TTY/TDD 1-800-255-0056).

If you believe that Peach State Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Peach State Health Plan Complaints Department, 1100 Circle 75 Parkway, Suite 1100, Atlanta, GA 30339, 1-800-704-1484 (TTY/TDD 1-800-255-0056), Fax 1-855-678-6982. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Peach State Health Plan is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf,* or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

Language Assistance

Interpreter services are provided free of charge to you. Peach State Health Plan has a telephone language line available 24 hours a day, 7 days a week. Are you hearing impaired? If so, we can help you. Call: TTY/TDD 1-800-255-0056.

Español (Spanish):
Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Peach State Health Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-704-1484 (TTY/TDD 1-800-255-0056).

Tiếng Việt (Vietnamese):
Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Peach State Health Plan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-704-1484 (TTY/TDD 1-800-255-0056).

한국어 (Korean):
만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Peach State Health Plan 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-704-1484 (TTY/TDD 1-800-255-0056) 로 전화하십시오.

中文 (Chinese):
如果您，或是您正在協助的對象，有關於 Peach State Health Plan 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-800-704-1484 (TTY/TDD 1-800-255-0056)。

ગુજરાતી (Gujarati):
જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Peach State Health Plan વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 1-800-704-1484 (TTY/TDD 1-800-255-0056) ઉપર કૉલ કરો.

Français (French):
Si vous-même ou une personne que vous aidez avez des questions à propos d'Peach State Health Plan, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-800-704-1484 (TTY/TDD 1-800-255-0056).

አማርኛ (Amharic):
እርስዎ ወይም እርሰዎ የሚረዱት ሰው ስለ Peach State Health Plan ግብር ጥያቄ ካለዎት ያለምንም ወጪ በቋንቋዎ ድጋፍ እንዲሁም መረጃ የማግኘት መብት አለዎት፣ ፣ አስተርጓሚ ለማነጋገር በ 1-800-704-1484 (TTY/TDD 1-800-255-0056) ይደውሉ፤ ፤

हिंदी (Hindi):
आप या जिसकी आप मदद कर रहे हैं उनके, Peach State Health Plan के बारे में कोई सवाल हों, तो आपको बिना किसी खर्च के अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। किसी दुभाषिये से बात करने के लिए 1-800-704-1484 (TTY/TDD 1-800-255-0056) पर कॉल करें।

Kreyòl (French Creole):
Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Peach State Health Plan, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-800-704-1484 (TTY/TDD 1-800-255-0056).

Русский язык (Russian):
В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Peach State Health Plan вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-800-704-1484 (TTY/TDD 1-800-255-0056).

العربية (Arabic):
إذا كان لديك أو لدى شخص تساعده أسئلة حول Peach State Health Plan، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك مجانًا. للتحدث مع مترجم اتصل بـ 1484-704-800-1 (0056-255-800-1 TTY/TDD).

Português (Portuguese):
Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Peach State Health Plan, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-800-704-1484 (TTY/TDD 1-800-255-0056).

فارسی (Persian):
اگر شما، یا کسی که به او کمک می کنید سؤالی در مورد Peach State Health Plan دارید، از این حق برخوردارید که کمک و اطلاعات را بصورت رایگان به زبان خود دریافت کنید. برای صحبت کردن با مترجم با شماره 1484-704-800-1 (0056-255-800-1 TTY/TDD) تماس بگیرید

Deutsch (German):
Falls Sie oder jemand, dem Sie helfen, Fragen zu Peach State Health Plan hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-800-704-1484 (TTY/TDD 1-800-255-0056) an.

日本語 (Japanese):
Peach State Health Plan について何かご質問がございましたらご連絡ください。 ご希望の言語によるサポートや情報を無料でご提供いたします。 通訳が必要な場合は、1-800-704-1484 (TTY/TDD 1-800-255-0056) までお電話ください。

peach state health plan

1100 Circle 75 Parkway
Suite 1100
Atlanta, GA 30339

Date: «Date_Mailed»

«Mmpharmacyname»
«Mmaddress»
«Mmcitystatezip»

RE: «Member_First_Name» «Member_Last_Name» («Member_ID»)
DOB: «Birth_Date»

Dear Parent or Guardian of «Member_First_Name» «Member_Last_Name»:

Peach State Health Plan reviews members that receive medical services. This review makes sure that benefits are used properly. In our review, we look to see if members have any of the following:

- Prescriptions written on a stolen, fake, or changed prescription blank.
- Prescribed drugs that should not be used for the member's medical condition.
- Member has filled prescriptions at more than two pharmacies per month or more than five pharmacies per year.
- Member receives more than five different drugs per month.
- Member receives more than three controlled drugs (examples: pain medicine, medicine to help sleep, and medicine to control attention deficit disorder) per month.
- Member gets two or more drugs that work the same way from different providers.
- Member receives prescriptions from more than two doctors per month.
- Member has been seen in hospital emergency room more than two times per year
- Member has diagnosis of drug poisoning or drug abuse on file.
- Number of prescriptions for controlled drugs exceeds 10 % of total number of prescriptions.

We receive information from providers and the Department of Community Health (DCH). Pharmacies may also tell us about members that may need to have their use of drugs reviewed. If the member has one or more of the items above the member will be assigned to one pharmacist to fill all drugs. The member may also be given one doctor to write for controlled drugs.

The purpose of this letter is to:

- Tell you about the Pharmacy Lock-In Program.
- Tell you that we have selected a pharmacy that you will be locked into.
- Tell you the name of the doctor who may write for your controlled drugs, if one provider was chosen for you.
- Tell you that you may receive a call from a case manager at Peach State Health Plan or at Cenpatico Behavioral Health, Peach State Health Plan's behavioral health vendor.

(more on back)

Section A. Pharmacy Lock-In Program

You have been placed in the Pharmacy Lock-In Program. You will be in this program for at least one year. Peach State Health Plan is required to have a lock-in program by DCH. The lock-in program is for the protection of our members. Having one pharmacy fill all prescriptions can prevent a member from being harmed by drugs that do not work together.

Only the pharmacy selected will receive payment from Peach State Health Plan for drugs provided to you. If there is a doctor listed below, only that doctor can write prescriptions for controlled drugs for you to fill at your lock-in pharmacy.

For all pharmacies who manage lock-in patients, Peach State Health Plan expects the following:

- Verify controlled substance prescriptions by phone when multiple physicians are involved in the patient's care.
- Do not allow early refills on controlled substances.
- Make sure that all physicians writing prescriptions for controlled substances know that other physicians are also writing prescriptions for controlled substances for the same patient. This may not apply if the member is restricted to one provider below.

Section B. Selected Providers

Your selected provider(s) will be:

Effective Date	Provider Name	Provider Address	Provider Phone Number	NPI #
«Lockin_Start_ Date»	«Mmpharmacyname»	«Mmaddress» «Mmcitystatezip»	«Mmphone»	«Mmnpi»

If your pharmacy does not have your medication, please call Peach State Health Plan at 800-704-1484 for help getting your medicine filled.

Sincerely,

Randy S. Tompkins, MD
Medical Director
Peach State Health Plan

CC: «Mmpharmacyname»
Control Substance Provider: «Limdname», M.D.

1100 Circle 75 Parkway
Suite 1100
Atlanta, GA 30339

Date: «Date_Mailed»

Parent or Guardian of
«Member_First_Name» «Member_Last_Name»
«Member_Address»
«City_Of_Residence», Georgia «Zip_Code»

ADVERSE BENEFIT DETERMINATION

Dear **Parent or Guardian of «Member_First_Name» «Member_Last_Name» («Member_ID»)**

Peach State Health Plan reviews both providers and recipients of medical services. This guarantees that benefits are being used correctly.

We reviewed your drug, physician, and emergency room utilization for the last twelve months. Based on that information, your ability to choose a pharmacy at which your prescriptions may be filled will be:

☒ **Suspended: Please see attached letter for details.**

You or your provider, acting with your written consent, may obtain an appeal of this decision. An appeal means that you may request that this determination be reevaluated by another qualified medical professional. Your initial request may be made orally by calling 1-800-704-1484. If you make an oral request, you must also submit a written and signed request within 30 calendar days to:

Peach State Health Plan
Appeals and Grievance Coordinator
1100 Circle 75 Parkway Suite 1100
Atlanta, GA 30339

All requests for appeals must be made within thirty (30) days from the date of this letter. The action described in this letter is effective **«Lockin_Start_Date»**.

If you have moved and this Pharmacy or Medical Provider is no longer within driving distance from your new home, be sure the Department of Community Health has updated their records with your new address. You can then call Peach State Health Plan member services at 1-800-704-1484 and request a provider change based on your new location.

You, the member, are required to exhaust the Peach State Health Plan Administrative Review process before you have the right to an Administrative Law Hearing.

You have the right and are requested to submit written comments, documents, or other information relating to this request for administrative review. With your written consent, you have the right to have someone else represent you in making your appeal, including legal counsel.

Your Provider has the right to file a Provider complaint under Peach State Health Plan's Provider Complaint system.

Do you need help understanding this? If you do, call Peach State Health Plan's Member Service line at 1-800-704-1484.If you are hearing impaired, call our TDD/TTY 1-800-659-7487. You can also get this information in large font, an alternative language, or have this information read to you over the phone by calling Member Services.

(more on back)

¿Necesita ayuda para entender esto? Si la necesita, llame a la línea de Servicios para los miembros de Peach State Health Plan al 1-800-704-1484. Si es una persona con problemas de audición, llame a nuestro TDD/TTY 1-800-659-7487. Para obtener esta información en letra más grande o que se la lean por teléfono, llame a Servicios para los Miembros.

If you are currently receiving the service(s) and request an appeal, you may also ask that your service(s) continue during the course of the review. You may first orally request that the service(s) continue pending the review, but you are also required to put the request in writing. You may ask to continue benefits when you submit your written request for an appeal review, **but your appeal request for continuation of benefits must be made within (10) days from the date of this letter**. Please send all requests to the address listed above. If you request that your service(s) continue, and it is determined that the services were not medically necessary or appropriate, you will be responsible for paying for the service(s).

You may also ask for an expedited appeal review if you require a determination in less than thirty days because your health will seriously be jeopardized by the wait. You may make the request orally by calling 1-800-704-1484, (TDD/TTY) 1-800-659-7487. A determination will be made regarding your eligibility for an expedited review. As an Expedited Administrative Review must be resolved within 72 hours, document submission including evidence and allegations of fact or law must be submitted timely to allow review and determination within this timeframe.

Regular appeals submitted in writing will be determined within 30 days. Expedited appeals will be decided within 72 hours. This information has also been sent to your requesting provider.

You or your authorized representative has the right to request a copy of the criteria or benefit provision used in this decision. Please submit these written requests to:

Medical Management
Peach State Health Plan
1100 Circle 75 Parkway Suite 1100
Atlanta, GA 30339
ATTN: IQ Criteria

If you or your physician wishes to discuss this decision with the reviewer, please call 1-800-704-1484, (TDD/TTY) 1-800-659-7487, Monday through Friday between 8 am and 5 pm**.**

Sincerely,

Randy S. Tompkins, MD
Medical Director
Peach State Health Plan

CC: «Mmpharmacyname»
Control Substance Provider: «Limdname», M.D.

1100 Circle 75 Parkway
Suite 1100
Atlanta, GA 30339

APPOINTMENT OF REPRESENTATIVE FORM

Please fill out this form only if you would like to choose someone to represent you in your appeal. Be sure to sign your name. An appeal can be requested when you have been denied a service. Please fax or mail this form to the number or address below.

You must tell your provider if you select him or her to be your appeal representative.

Note: Please ask the provider to submit a formal request for an appeal. All medical notes should be submitted to support the request.

To Peach State Health Plan Appeals and Grievance Department:

I _____ give consent for
(Member's Name or Parent/Guardian)

_____ to act as my representative in the
(Provider's Name or Other Representative)

filing and processing of an administrative review (appeal).

_____
(Signature of Member or Parent/Guardian)

_____
(Print Name)

_____
(Member's Medicaid Number)

THIS FORM IS NOT A FORMAL APPEAL REQUEST. PEACH STATE HEALTH PLAN REQUIRES A VERBAL APPEAL REQUEST OR WRITTEN APPEAL REQUEST. CALL MEMBER SERVICES AT 1-800-704-1484 TO MAKE A VERBAL APPEAL REQUEST. SEE THE CONTACT INFO BELOW TO MAIL OR FAX YOUR WRITTEN APPEAL REQUEST.

Appeal Phone (Verbal Request): 1-800-704-1484

Appeal Address and Fax Number (for written request):

Appeal Address:
Peach State Health Plan
Appeals and Grievance Department
1100 Circle 75 Parkway Suite 1100
Atlanta, GA 30339
Fax: 1-866-532-8855

Do you need help understanding this? If you do, call Peach State Health Plan's Member Service line at 1-800-704-1484.If you are hearing impaired, call our TDD/TTY 1-800-659-7487. To get this information in large font or have this information read to you over the phone, call Member Services.

¿Necesita ayuda para entender esto? Si la necesita, llame a la línea de Servicios para los miembros de Peach State Health Plan al 1-800-704-1484. Si es una persona con problemas de audición, llame a nuestro TDD/TTY 1-800-659-7487. Para obtener esta información en letra más grande o que se la lean por teléfono, llame a Servicios para los Miembros.

peach state health plan

Intentionally Blank