THE LOCAL CHOICE HEALTH BENEFITS PROGRAMS
APPEAL FORM

Persons enrolled in TLC statewide plans may use this form to appeal to the Director of the Department of Human Resource Management (DHRM) regarding a denied claim. ***To be considered a valid appeal, the Director must receive it within 60 days of the final adverse decision of the plan.***

Please note: The following cannot be appealed to DHRM:

- *specific coverage exclusions listed under "What is not covered" in the member handbook. However, denials of claims or coverage for services involving medical necessity (e.g. experimental/investigational procedures) can be appealed.*
- *matters in which the sole issue is disagreement with policies, rules, regulations, contract or law.*
- *claim amounts or service denials when the member's cost is less than $300.*
- *claim amounts above the allowable charge billed by a non-participating provider.*

In the above cases, the decision of the Plan is final. This form may also be used to appeal directly to the Director of DHRM on matters of eligibility, regardless of the TLC plan in which the appellant is enrolled.

Your Employer ____
Your Name ______________________________ Member ID # ________________
Name of Enrolled Employee ____
Address ____
City ______________________________ State ____________ Zip ______________
Home Phone ( ) ____________________ Business Phone ( ) ____________________

Patient Name ______________________________ Date of Service ________________
Name of Physician, Hospital, or Other Health Care Provider ______________________________

CHECK ONE OR MORE OF THE FOLLOWING REASONS FOR THE APPEAL:

☐ Disagree with the amount paid on a claim or with the amount of member co-payment
☐ Believe the claim was for a covered service and should not be denied for payment
☐ Believe a service was medically necessary, though denied as not medically necessary
☐ Eligibility Issue. Please describe: ____
____
____
☐ Other. Please describe: ____
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PLEASE ATTACH DOCUMENTS RELEVANT TO YOUR APPEAL. For example: Explanation of claims processed, other correspondence from plan, letter from your physician, bill from your health care provider. Are documents attached? ☐ Yes ☐ No

APPEALS TO THE DIRECTOR OF THE DEPARTMENT OF HUMAN RESOURCE MANAGEMENT should be addressed as follows:

Director, Department of Human Resource Management
101 North 14th Street – 13th Floor
Richmond, Virginia 23219-3657

Please mark the envelope **Confidential – Appeal Enclosed**

What specific remedy do you seek in filing this appeal? ______________________________
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SIGNATURE ____ **DATE** ____________________

Please note: If your appeal is related to medical or mental health and substance abuse claims, DHRM must have a completed HIPAA Authorization Form before the appeal can be processed. The form is available on the TLC Website at www.thelocalchoice.virginia.gov under Policies and Procedures, HIPAA Privacy or from your Benefits Administrator.

Revised 7/2006