



BlueCross BlueShield of Western New York  
257 West Genesee Street • Buffalo, New York 14202

## Medicare Advantage Request for Appeal

Because BlueCross BlueShield of Western New York denied your request for coverage of (or payment for) medical benefits, you have the right to ask us for an appeal of our decision. You have 60 days from the date of our written denial notice to ask us for an appeal.

**Note about Representatives:** Your physician may ask us for an appeal on your behalf. If you want another individual (such as a family member or friend) to request an appeal for you, that individual must be your representative. Upon receipt of this form, if someone other than the member is appealing the denial of a service or claim, a signed Authorization of Representation (AOR) form is required. If that person is Power of Attorney, only copies of the POA papers are required. *Please note:* A treating physician MAY appeal the denial of a **pre-service** authorization or RX without an AOR form. Participating providers may not appeal post service.

### Enrollee Information

Member's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Member's Identification Number \_\_\_\_\_

Member's Address \_\_\_\_\_  
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### Service Request

What are you appealing?

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Reasons for appealing:

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**Additional Evidence** (Example: medical records, doctor's letters, other information that explains why we should reconsider this service, etc.)

**Signature**

**Appellant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address (if not the member)** \_\_\_\_\_

**Please return to PO Box 5204, Binghamton, NY 13902**

BlueCross BlueShield of Western New York is a Medicare Advantage Organization with a Medicare contract.