

MCS LIFE APPEALS REQUEST FORM

OFFICIAL USE											
Referral source											
Call Center Service Center	Mail	Email	Ethics Point	Fax	Call (Not received through the Call Center)	OPP/SHIP		eferred by ompliance	0	ther(Indicate):	
Reserved for the referring Unit / Department Please stamp the designated area with the date and time			Name of the employee who is referring the case					Reserved for Grievances and Appeals Please stamp the designated area with the date and time			
			Position of the employee who is referring the case								
			Signature	of the emp	oyee who is referring the	e case					
ENROLEE INFORMATION											
Last Name Fi		First N	ame	Initial	Contract Number			Phone Number		Date	
Mailing Address											
Urbanization	Number City				State Zip Code						
Service			Date service was rendered or will be performed					Full Name / NPI of Provider			
			·								
EVENT DESCRIPTION											
Please, detail the reasons for your appeal:											
CERTIFICATION											
I CERTIFY THAT THIS DOCUMENT IS MY APPEAL AND IT CONTAINS, IN MY OWN WORDS, THE TRUTH ABOUT ALL EVENTS THAT OCURRED. ALSO, I CERTIFY THAT I HAVE BEEN NOTIFIED ABOUT FRAUD WHEN KNOWINGLY FILING A FALSE OR MISLEADING APPEAL.											
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