North Carolina
State Health Plan
Teachers' and State Employees' Comprehensive Major Medical Plan
and North Carolina Health Choice

Date Received: ____________________

# REQUEST FOR APPEAL OR GRIEVANCE REVIEW

**MANY INQUIRIES MAY BE RESOLVED BY CONTACTING STATE CUSTOMER SERVICES.**

CALL: **1-800-422-4658** OR SEND A LETTER TO: **P.O. BOX 30111 • DURHAM, NC 27702-3111**

**Services clearly stated as limited or excluded in your benefits booklet are not eligible for an Appeal or Grievance. Appeals or Grievances must be received within 60 days of the initial benefit determination.**

| Requestor Name: | |
|---|---|
| Requestor Address: | |
| Relationship to Member/Patient: | |
| Member: | Member ID Number: |
| Work Phone Number: | Home Phone Number: |
| Patient: | Date of Service: |
| Hospital/Doctor: | Provider's Phone Number: |

## PLEASE GIVE THE REASON FOR THE REQUEST FOR APPEAL OR GRIEVANCE REVIEW

Attach copies of all correspondence relating to this request such as claims, all related doctor's notes, hospital records, and Explanation of Benefits (EOB). Attach verification of Power of Attorney (POA), or a signed Authorization Request form (C273) if you are allowing a third party to appeal on your behalf. The review process may take up to 30 days for first level review and 45 days for second level review. You will be notified in writing once your appeal or grievance has been received and when a final determination has been made. Please allow time for your appeal or grievance to be processed.

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**Have you called or written about this claim or problem previously?** ☐ **Yes** ☐ **No**

**If yes,** to whom did you speak or write? ____________________

What were you told? ____________________

____________________

____________________

____________________

____________________

Member or Authorized
Representative Signature: ____________________ Date: ____________________

| Keep yellow copy and mail the white copy to:<br>**APPEALS OR GRIEVANCE REVIEW**<br>**P.O. Box 3869**<br>**Durham, NC 27702-3869** | **FOR OFFICE USE ONLY:**<br>Rep Initials: __________ Date Sent: __________ |
|---|---|



**SEND WHITE COPY TO APPEALS OR GRIEVANCE REVIEW** **RETAIN YELLOW COPY**