PRIMETIME Choices

Medicare Supplement Insurance offered by AultCare Insurance Company
Canton, Ohio

APPEAL REQUEST FORM

Name of Person Filing Appeal _____

Relationship to Covered Person ☐ Covered Person/Applicant

☐ Authorized Representative *(please complete the Appointment of Authorized Representative section)*

CONTACT INFORMATION OF AUTHORIZED REPRESENTATIVE (IF APPLICABLE)

Mailing Address	City	State	Zip Code
Daytime Phone	Evening Phone		
Email Address	Fax		

COVERED PERSON/APPLICANT INFORMATION

First Name	Last Name	Member ID Number	
Mailing Address	City	State	Zip Code
Daytime Phone	Evening Phone		
Email Address	Member Date of Birth		

TREATING PHYSICIAN/HEALTHCARE PROVIDER INFORMATION

Name	Phone Number		
Mailing Address	City	State	Zip Code
Email Address	Fax Number		
Contact Person	Phone Number		

POST SERVICE

Claim Number(s)	Date(s) of Service
Provider(s)	

PRE-SERVICE	
Authorization Number	Service Requested
Request Expedited Review ☐ Yes ☐ No	

DESCRIPTION AND REASON FOR APPEAL (ATTACH ADDITIONAL DOCUMENTATION, IF APPLICABLE)

Internal Appeal Specifications

Appointment of Authorized Representative (complete when someone else is representing you in this appeal)

You may represent yourself, or you may ask another person, including your treating healthcare provider, to act as your authorized representative. You may revoke this authorization at any time.

I hereby authorize _____ to pursue my appeal on my behalf.

_____ _____

Signature of Covered Person (or legal representative*) Date

_____ _____

Member Signature Date

_____ _____

Representative's Signature* (with AOR form or POA attached, if applicable) Date

*Please specify spouse, caretaker, conservator or other

Send this form and a copy of your notice of final adverse benefit determination to one of the following:

PrimeTime Health Plan Appeals
PO Box 6029 Canton, OH 44706 | Fax: 330-363-3066 | Email: pthpappeals@aultcare.com

Keep copies of this form, your Notice of Final Adverse Benefit Determination and all documents and correspondence related to this claim.

For more information, please contact PrimeTime Health Plan at 1-800-577-5084 or TTY users can call 711, Monday-Friday from 8 a.m. to 8 p.m. (Oct. 1 – March 31, we are available 7 days a week from 8:00 a.m. to 8:00 p.m.), or visit www.pthp.com.