

Presbyterian Turquoise Care Initial Appeal Request Form

If you have questions or need help with this form, please call the Presbyterian Customer Service Center. You can reach them at the numbers shown in the next box.

You may also get this form from our website at www.phs.org.

Instructions

- Please fill out this Appeal Request Form as much as possible.
- When you have finished the form, please keep a copy for your records.
- Mail or fax the original copy to:
Presbyterian Appeals and Grievance Coordinator
P.O. Box 27489
Albuquerque, NM 87125-7489
Phone: (505) 923-5200 or toll-free at 1-888-977-2333
Fax: (505) 923-6111

Member Information

Member Name:

<Member First, Middle, Last Name>

Member ID Number:

<Member ID>

This involves (please check (✓) one):

- ☐ A referral/prior authorization (# _____)
- ☐ An issue regarding a claim (# _____)
- ☐ A provider issue
- ☐ A hospital issue
- ☐ Other - please explain: _____

Reason for Appeal

Below, please give the reason for the appeal. Please be as specific as you can and give dates, times, persons and places involved. If you need more space, please attach more sheets.

Member Signature:

Date:

Provider Signature (If provider is appealing on behalf of member):

Date:

CONFIDENTIALITY NOTICE

IMPORTANT WARNING: The document accompanying this message is intended for the use of the person or entity to whom this message is addressed. These documents may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. Unauthorized redisclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws. If the reader of this

message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is **STRICTLY PROHIBITED**. If you have received this message in error, please notify the sender immediately and destroy the related message.

Presbyterian complies with civil rights laws and does not discriminate on the basis of protected status including but not limited to race, color, national origin, age, disability, or sexual orientation or gender expression. If you need language assistance, services are available at no cost. Call (505) 923-5420, 1-855-592-7737 (TTY: 711).

ATENCIÓN: Si usted prefiere hablar en español, están a su disposición servicios gratuitos de ayuda lingüística. Llame al (505) 923-5420, 1-855-592-7737 (TTY: 711).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíłnih (505) 923-5420, 1-855-592-7737 (TTY: 711).

For more information, visit **<https://www.phs.org/nondiscrimination>**.