

P.O. Box 30192 Salt Lake City, UT 84130-0192 Phone 800-207-1018 simplifiedbenefitsadministrators.org

Appeal Form

USE THIS FORM FOR APPEALS ABOUT DENIED BENEFITS OR A CLAIM

Subscriber Name			Subscriber ID					
			City					
Date of Birth			Date(s) of Service			to		
☐ Ask for an expedited	d appeal (pre-	service only)						
A. WHAT IS THE REA	ASON FOR	YOUR APPE	AL?					
B. WHAT WOULD YO	DU LIKE US	TO DO?						
C. HOW WOULD YO	U LIKE US 1	O CONTACT	YOU ABOUT THIS	APPEAL?				
☐ Email				□ Fax:			П	Mail to the above address
SIGNATURE								TWANTER THE ABOVE AGGREGE
Please attach copies of	any rocards	(cuch as bills o	or latters from dectors	and sand tham	by amail fay	or mail		
Email: appeals				g and send them	by email, lax	or man.		
• Fax: 801-442- 0	0762		J					
Mail: Address a	as shown abo	ove						
I GIVE SIMPLIFIED BENEFITS ADMINISTRATORS PERMISSION TO LOOK INTO MY APPEAL. I UNDERSTAND THAT SIMPLIFIED BENEFITS ADMINISTRATORS MAY NEED TO CONTACT THE PROVIDER AND/OR REVIEW MY RECORDS.								
Signatura						D-	·+•	
Signature			Subscriber or Patient			Da	e	

Fair Treatment Notice





Select Health obeys Federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

We provide free:

- Aid to those with disabilities to help them talk with us. This may be sign language interpreters or info in other formats (large print, audio, electronic).
- Help for those whose first language is not English, such as interpreters or member materials in other languages.

Need help? Call Select Health Member Services at **800-538-5038**.

If you feel you've been treated unfairly, call Select Health 504/Civil Rights Coordinator at **1-844-208-9012** (TTY Users: **711**) or the Compliance Hotline at **1-800-442-4845** (TTY Users: **711**). You may also call the Office for Civil Rights at **1-800-368-1019** (TTY Users: **1-800-537-7697**).

Language Access Services

If you speak Spanish, free language assistance services are available to you. Call Select Health.

ATTENTION: If you speak Spanish, free language assistance services are available to you. Call Select Health.

ATENCION: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Select Health.

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 Select Health

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Select Health.

통지: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Select Health, 번호로 전화해 주십시오. ध्यान दिनुहोस्ः तपाईंले नेपाली बोलुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। Select Health मा फोन गर्नुहोस्।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Select Health.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Select Health.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Позвоните Select Health.

ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Contactez Select Health.

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。Select Health.まで、お電話にてご連絡ください。

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ПАЖЊА: Ако говорите Српски, бесплатне услуге пмоћи за језик, биће вам доступне. Контактирајте Select Health.

تامدخ كل رفوتتسف ،ىبرع ثدحتت تنك اذا :هيبنت . Select Health.

تامدخ ،دین کیم تبحص ین ک دراو ار نابز هب رگا :هجوت اب تسامش رای تخارد ناگیار تروصب ،ی نابز کم ک دیری گب سامت Select Health

หมายเหตุ: หากคุณพูด ใส่ภาษา, การบริการภาษา โดย ไม่มีค่าใช้จ่าย มีพร้อมบริการให้กับคุณ ติดต่อ Select Health

Select Health: 1-800-538-5038