

## IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS

**What if I need help understanding this denial?** Contact us at (610) 320-5500, 1-800-422-8330 (In PA) or 1-800-331-0420 (Nationwide) if you need assistance understanding this notice or our decision to deny you a service or coverage.

**What if I don't agree with this decision?**

You have the right to appeal any decision not to provide you or pay for an item or service (in whole or in part).

**How do I file an appeal?** Detach and send in the bottom of this form within 180 days from the date of this notice.

**What if my situation is urgent?** If your situation meets the definition of urgent under the law, your review will be conducted on an expedited basis. Generally, an urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your physician, you may experience pain that cannot be adequately controlled while you wait for a decision on your appeal. If you believe your situation is urgent, you may request an expedited appeal by calling the Fund office at 610-320-5500, by FAX 610-320-9236, or email CentralPaTeamsters.com and informing them that you need to file an urgent appeal. At that time, if you believe that your urgent claim also requires external review, inform the Fund office when you call to request the review of your urgent claim.

**Who may file an appeal?** You or someone you name to act for you (your authorized representative) may file an appeal. If you would like to appoint someone to assist you with filing an appeal, call Lou Ann DeLong at 610-320-5500 and ask to receive the form for appointing an authorized representative. As soon as the Fund receives your completed form, it will be able to communicate directly with your authorized representative about your claim.

**Can I provide additional information about my claim?** Yes, you may supply additional information. You may submit additional information by mail, fax or email. The Fund's mailing address is PO Box 15224, Reading PA 19612-5224; FAX 610-320-9236; and emails with additional information should be submitted to CentralPATeamsters.com

**Can I request copies of information relevant to my claim?** Yes, you may request copies (free of charge) by contacting us at PO Box 15224, Reading, Pa 19612-5224, FAX 610-320-9236 and email CentralPaTeamsters.com.

**What happens next?** If you appeal, we will review our decision and provide you with a written determination. If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

**Other resources to help you:** For questions about your appeal rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

---

### Appeal Filing Form

Insurer Name and ID Number \_\_\_\_\_ Claim No \_\_\_\_\_  
Patient Name \_\_\_\_\_

Detach this form and send to: Central Pennsylvania Teamsters Health and Welfare Fund  
PO Box 15224, Reading, PA 19612-5224

**NAME OF PERSON FILING APPEAL:** \_\_\_\_\_

Covered person    Patient    Authorized Representative  
\_\_\_\_\_ Check here if you believe your claim is an "urgent" claim.

\_\_\_\_\_ Check here if you are also seeking external review of your "urgent" claim.