

Claim Appeal Procedure

This document contains important information that you should retain for your records.

This document serves as notice of a possible adverse benefit determination. Benefits may have been declined, in whole or in part, for the requested treatment or service described below. If you think this determination was made in error, you have the right to appeal as described below. If you desire a listing of the diagnosis code (such as ICD-9 code, ICD-10 code or DSM-IV code), the treatment code (such as CPT code) and the meaning of such codes applicable to this claim, please contact the Fund at the address given on the front of the EOB.

Important Information about Your Appeal Rights

What if I need help understanding this denial? Contact Electrical Workers Benefit Trust Fund 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 a right to appeal any decision not to provide or pay for an item or service (in whole or in part).

How do I file an appeal? The Appeal Filing Form is available in our office upon request. See also the "Other resources to help you" section of this form for assistance filing a request for an appeal.

What if my situation is urgent? If your situation meets the definition of urgent under the law, your review will generally be conducted within 72 hours. 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 following the instruction above for filing an internal appeal and also contact the Electrical Workers Benefit Trust Fund immediately for the forms needed to file a simultaneous review.

Who may file an appeal? You or someone you name to act for you (your authorized representative) may file an appeal. If you wish to designate a representative, include with your Appeal Filing Form a signed, notarized statement saying you have appointed the named individual(s) to be your authorized representative and the Fund is permitted to provide them with all information related to this claim. You should include the representative's name and contact information.

Can I provide additional information about my claim? Yes, you may supply additional information by including it with the submission of your Appeal Filing Form.

Can I request copies of information relevant to my claim? Yes, you may request copies (free of charge). If you think a coding error may have caused this claim to be denied, you have the right to have billing and diagnosis codes sent to you, as well. You can request copies of this information by contacting us at the address on the first page of this document.

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 rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272). Additionally, a consumer assistance program can help you file your appeal.

For Indiana, contact:

Indiana Department of Insurance Consumer Service Department
311 West Washington, Suite 300
Indianapolis, IN 46204
(800) 622-4461

Email: consumerservices@idoi.gov

Website: www.in.gov/idoi

If consumer assistance resources for other states are required, please contact Electrical Workers Benefit Trust Fund at 317-923-4577.

Be certain to keep copies of this form, your denial notice, and all documents and correspondence related to this claim.