PeakHealth

Member Complaint and Appeal Form

Note: For expedited requests, you or your authorized representative may also call our Member Service Department using the telephone number displayed on the member ID card or submit a request in writing to the address listed at the end of your denial letter or other correspondence received from Peak Health.

Please provide the information below for the Primary Member.

Member ID Number:		**Member Group Number (Optional):**
Member Last Name:	**Member First Name:**	**Member Date of Birth (MM/DD/YYYY):**
Member Address:		**Member Phone Number:**
Member E-mail Address:		

Please provide the information below for the Member pertaining to this request.

Last Name	**First Name**	**Date of Birth (MM/DD/YYYY)**

Note: If your selection is a spouse, a child (18 years of age or older), or other, please complete and include an **Authorized Representative Form** with your request.

Relationship to person requesting the appeal: ☐ Self ☐ Spouse ☐ Child ☐ Other

Please advise if the appeal is related to: ☐ Pre-Service ☐ Post Service

Are you requesting an expedited review: ☐ Yes ☐ No

To allow us to review and respond to your request, please provide the following information.

Reference Number	**Service Date (if service already provided)**	**Date of Denial (if applicable)**
Explanation of Your Request or Why You Disagree with the Decision: (Please use additional pages if necessary.)		

Note: When submitting this form please include a letter from your Provider and any supporting documentation that would be helpful in the review of your request including invoices, correspondence, medical records, or other clinical documents.

You may upload this form or any supporting documentation electronically via MyChart.

You may also submit your request by fax or by mail:

Peak Health Appeals and Grievances Department

1085 Van Voorhis Rd, Suite 300

Morgantown, WV 26504

Fax: 304-974-3191

If requesting an expedited review or for assistance with completing this form, please contact Member Service at 1-833-5-MYPEAK (1-833-569-7325). Hours: 8 a.m. to 5 p.m., Monday through Friday. Messages received on holidays and outside of our business hours will be returned within one business day.

Member Signature: _____ Date: _____