



FIRST CHOICE VIP CARE PLUS APPEAL REQUEST FORM

Felephone Number:
Provider Name:
Date of Service:
licaid only \Box or Both Medicare and Medicaid \Box

Please contact us if you need assistance with completing this form. Call Member Services toll free at 1-888-978-0862 (TTY 711). We are available 7 days a week, 8 a.m. to 8 p.m.

Please explain your reason for filing this appeal (include a description of the service you are appealing and the doctor's name who will provide or provided the service). (Attach additional sheets if necessary):

Signature of Member/Authorized Representative* or Provider Today's Date

*Please attach documentation demonstrating your authority to act on behalf of another. This may include a Power of Attorney or Appointment of Representative form (Form CMS-1696)

First Choice VIP Care Plus is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.

First Choice VIP Care Plus complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-888-978-0862 (TTY 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-978-0862 (TTY: 711).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 0862-978-1888 (رقم (TTY: 711).