



**AMERIHEALTH CARITAS VIP CARE PLUS
APPEAL REQUEST FORM**

Member Name:	Telephone Number:
Member ID #:	Provider Name:
Member DOB:	Date of Service:
Please check one: Is this Service a: Medicare Only Service <input type="checkbox"/> Medicaid only <input type="checkbox"/> or Both Medicare and Medicaid <input type="checkbox"/>	
Address:	

Please contact us if you need assistance with completing this form. Call Member Services toll free at 1-888-667-0318 (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)

AmeriHealth Caritas VIP Care Plus is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

You can speak with someone about getting this information in other languages. Call 1-888-667-0318. The call is free.

Usted puede hablar con alguien acerca de cómo obtener esta información en otros idiomas. Llame al 1-888-667-0318. La llamada es gratuita.

"يمكنك أن تطلب من أي شخص الحصول على هذه المعلومات بلغات أخرى. اتصل بالرقم 1-888-667-0318. هذا الاتصال مجاني".

