

## Important Information about Your Appeal Rights

**What if I need help understanding this denial?** Contact us at 877-860-8846 if you need assistance understanding this notice or our decision to deny you a service or coverage.

**What if I do not 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).

**Informal Review — (Optional)** Call Customer Service at 877-860-8846 to inquire about your claim denial. We may be able to explain the denial outside the formal process. If the Customer Service representative cannot answer or resolve the clarification, below is information on the appeal information.

**Formal Appeal Process** – Complete and mail or fax **Prior Authorization Appeal Form** requesting for a formal appeal. The Prior Authorization Appeal Form may be obtained online at [lucyrx.com](http://lucyrx.com). The form is located under the Member and Provider Links as Prior Authorization Appeal Form. If you are sending a letter you must give us all the facts that are asked for on the form. Your letter must also tell us why you do not agree with our finding. This form or your letter must be received by us within 180 days from receipt of the denial.

### How do I file an appeal?

**Submit this form to:**

LucyRx  
7815 N Palm Ave., Suite 400  
Fresno, CA 93711

**ATTN: Prior Authorization Department**  
Or by Fax: 800-476-2691

**Expedited 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. If your doctor feels that a delay will put your health, your life, or your recovery at serious risk or cause you severe pain, that is an urgent care claim. You or your doctor may ask for an expedited (faster) appeal. Call us at 877-860-8846 and ask to speak to a Prior Authorization Appeal Representative.

**Who may file an appeal?** You or someone you name to act for you (your authorized representative) may file an appeal. Be sure to include this person on the form section “**Appeal Authorization**”.

**Can I provide additional information about my claim?** Yes, you may supply additional information and we encourage you to include this information on the form provided. Tell us why you are appealing and why you do not agree with our decision. Please write clearly. Attach extra pages if needed. Each page must be signed, dated, and include the member’s name and member ID number.

**Can I request copies of information relevant to my claim?** Yes, you may request copies (free of charge). You can request copies of this information by contacting us at 877-860-8846.

**What happens next?** Once appeal has been received, 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 the appeal with an external review organization who will review the denial and issue a final decision.

### State-Specific Contact Information

For questions about your rights, this notice, or for assistance, depending on your plan, you can contact either the Employee Benefits Security Administration at 1-866-444-EBSA (3272) or your State Department of Insurance. Additionally, your state's consumer assistance program can help you file an appeal.

<p><b>Arkansas</b> Arkansas Insurance Department, Consumer Services Division 1200 West Third St. Little Rock, AR 72201 (800) 852-5494 <a href="http://insurance.arkansas.gov/csd.htm">http://insurance.arkansas.gov/csd.htm</a> (website) <a href="mailto:Insurance.consumers@arkansas.gov">Insurance.consumers@arkansas.gov</a> (email)</p>	<p><b>Georgia</b> Georgia Office of Insurance and Safety Fire Commissioner Consumer Services Division 2 Martin Luther King, Jr. Drive West Tower, Suite 716 Atlanta, Georgia 30334 (800) 656-2298 <a href="http://www.oci.ga.gov/ConsumerService/Home.aspx">http://www.oci.ga.gov/ConsumerService/Home.aspx</a> (website)</p>	<p><b>Maine</b> Consumers for Affordable Health Care 12 Church Street, PO Box 2490 Augusta, ME 04338-2490 (800) 965-7476 <a href="http://www.maineahc.org">http://www.maineahc.org</a> (website) <a href="mailto:consumerhealth@maineacahc.org">consumerhealth@maineacahc.org</a> (email)</p>
<p><b>California</b> California Consumer Assistance Program Operated by the California Department of Managed Health Care and Department of Insurance 980 9th St, Suite #500 Sacramento, CA 95814 (888) 466-2219 <a href="http://www.HealthHelp.ca.gov">http://www.HealthHelp.ca.gov</a> (website)</p>	<p><b>Guam</b> Guam Department of Revenue and Taxation 1240 Army Drive Barrigada, Guam 96921 (671) 635-1846</p>	<p><b>Maryland</b> Maryland Office of the Attorney General Health Education and Advocacy Unit 200 St. Paul Place, 16th Floor Baltimore, MD 21202 (877) 261-8807 <a href="https://www.oag.state.md.us/Consumer/HEAU.htm">https://www.oag.state.md.us/Consumer/HEAU.htm</a> (website) <a href="mailto:heau@oag.state.md.us">heau@oag.state.md.us</a> (email)</p>
<p><b>Connecticut</b> Connecticut Office of the Healthcare Advocate P.O. Box 1543 Hartford, CT 06144 (866) 466-4446 <a href="http://www.ct.gov/oha/site/default.asp">http://www.ct.gov/oha/site/default.asp</a> (website) <a href="mailto:healthcare.advocate@ct.gov">healthcare.advocate@ct.gov</a> (email)</p>	<p><b>Illinois</b> Illinois Department of Insurance 320 W. Washington St, 4th Floor Springfield, IL 62767 (866) 445-5364 <a href="http://www.insurance.illinois.gov">http://www.insurance.illinois.gov</a> (website) <a href="mailto:DOI.Director@illinois.gov">DOI.Director@illinois.gov</a> (email)</p>	<p><b>Massachusetts</b> Health Care For All One Federal Street Boston, MA 02110 (800) 272-4232 <a href="http://www.massconsumerassistance.org">http://www.massconsumerassistance.org</a> (email)</p>
<p><b>Delaware</b> Delaware Department of Insurance 841 Silver Lake Blvd Dover, DE 19904 (800) 282-8611 <a href="http://www.delawareinsurance.gov">http://www.delawareinsurance.gov</a> (website) <a href="mailto:consumer@state.de.us">consumer@state.de.us</a> (email)</p>	<p><b>Kansas</b> Kansas Insurance Department Consumer Assistance Division 420 SW 9th Street Topeka, KS 66612-1678 (800) 432-2484 (in state) (785) 296-3071 (all others) <a href="http://www.ksinsurance.org">http://www.ksinsurance.org</a> (website) <a href="mailto:CAP@ksinsurance.org">CAP@ksinsurance.org</a> (email)</p>	<p><b>Michigan</b> Michigan Health Insurance Consumer Assistance Program Michigan Department of Insurance and Financial Services (DIFS) PO Box 30220 Lansing, MI 48909-7720 (877) 999-6442 <a href="http://www.michigan.gov/difs">http://www.michigan.gov/difs</a> (web) <a href="mailto:difs-HICAP@michigan.gov">difs-HICAP@michigan.gov</a> (email)</p>
<p><b>District of Columbia</b> DC Office of the Health Care Ombudsman and Bill of Rights One Judiciary Square 441 4th Street, NW, 900 South Washington, DC 20001 (877) 685-6391 <a href="http://www.healthcareombudsman.dc.gov">http://www.healthcareombudsman.dc.gov</a> (website) <a href="mailto:healthcareombudsman@dc.gov">healthcareombudsman@dc.gov</a> (email)</p>	<p><b>Kentucky</b> Kentucky Department of Insurance, Consumer Protection Division P.O. Box 517 Frankfort, KY 40602-0517 (800) 595-6053 <a href="http://insurance.ky.gov">http://insurance.ky.gov</a> (website) <a href="mailto:consumerservices@ky.gov">consumerservices@ky.gov</a> (email)</p>	<p><b>Mississippi</b> Health Help Mississippi 800 North President St Jackson, MS 39202 (877) 314-3843 <a href="http://www.healthhelpms.org">http://www.healthhelpms.org</a> (website) <a href="mailto:healthhelpms@mhap.org">healthhelpms@mhap.org</a> (email)</p>
<p><b>Missouri</b> Missouri Department of Insurance Truman State Office Building, Room 530 P.O. Box 690 Jefferson City, MO 65102 (800) 726-7390 <a href="http://insurance.mo.gov/consumers/">http://insurance.mo.gov/consumers/</a> (website) <a href="mailto:consumeraffairs@insurance.mo.gov">consumeraffairs@insurance.mo.gov</a> (email)</p>	<p><b>New Mexico</b> New Mexico Public Regulation Commission Consumer Relations Division 1120 Paseo De Peralta Santa Fe, NM 87504 (855) 857-0972 or (888) 427-5772 (505) 476-0326 (fax) <a href="http://nmprc.state.nm.us/consumer-relations/index.html">http://nmprc.state.nm.us/consumer-relations/index.html</a> (website) <a href="mailto:mchb.grievance@state.nm.us">mchb.grievance@state.nm.us</a> (email)</p>	<p><b>Oregon</b> Oregon Health Connect 1435 NE 81<sup>st</sup> Ave. Suite 500 Portland, OR 97213-6759 (866) 698-6155 <a href="http://211info.org/health/">http://211info.org/health/</a> (website) <a href="mailto:healthconnect@211info.org">healthconnect@211info.org</a> (email)</p>

### State-Specific Contact Information

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<p><b>Montana</b> Office of the Montana State Auditor Commissioner of Securities and Insurance 840 Helena Ave Helena, MT 59601 (800) 332-6148 (in-state only) <a href="http://www.montanahealthanswers.com">http://www.montanahealthanswers.com</a> (website)</p>	<p><b>New York</b> Community Service Society of New York Community Health Advocates 633 Third Avenue, 10th floor New York, NY 10017 (888) 614-5400 <a href="http://www.communityhealthadvocate.org/">http://www.communityhealthadvocate.org/</a> (website) <a href="mailto:cha@cssny.org">cha@cssny.org</a> (email)</p>	<p><b>Pennsylvania</b> Pennsylvania Insurance Department 1326 Strawberry Square Harrisburg, PA 17120 (877) 881-6388 <a href="http://www.insurance.pa.gov">http://www.insurance.pa.gov</a> (website)</p>
<p><b>Nevada</b> Office of Consumer Health Assistance Governor's Consumer Health Advocate 555 East Washington Ave #4800 Las Vegas, NV 89101 (702) 486-3587 (888) 333-1597 <a href="http://www.dhhs.nv.gov">http://www.dhhs.nv.gov</a> (website) <a href="mailto:cha@govcha.nv.gov">cha@govcha.nv.gov</a> (email)</p>	<p><b>North Carolina</b> North Carolina Department of Insurance Health Insurance Smart NC 430 N. Salisbury Street Suite 1018 Raleigh, NC 27603 (855) 885-408-1212 <a href="http://www.ncdoi.com/Smart/">http://www.ncdoi.com/Smart/</a> (website)</p>	<p><b>Puerto Rico</b> Puerto Rico Oficina de la Procuradora del Paciente Calle Recinto Sur #303 San Juan, PR 00910 (787) 979-0909 <a href="http://www.pr.gov/">http://www.pr.gov/</a> (website) <a href="mailto:querellas@opp.gobierno.pr">querellas@opp.gobierno.pr</a> (email)</p>
<p><b>New Hampshire</b> New Hampshire Department of Insurance 21 South Fruit Street, Suite 14 Concord, NH 03301 (800) 852-3416 <a href="http://www.nh.gov/insurance">http://www.nh.gov/insurance</a> (website) <a href="mailto:consumerservices@ins.nh.gov">consumerservices@ins.nh.gov</a> (email)</p>	<p>Eastern Regional Office: North Carolina Department of Insurance Health Insurance Smart NC 1316 Unit A Commerce Drive New Bern, NC 28562 Western Regional Office: North Carolina Department of Insurance Health Insurance Smart NC 537 College Street Asheville, NC 28801</p>	<p><b>Rhode Island</b> Rhode Island Consumer Assistance Program Rhode Island Parent Information Network, Inc. 1210 Pontiac Avenue Cranston, RI 02920 (855) 747-3224 <a href="http://www.rireach.org/">http://www.rireach.org/</a> (website) <a href="mailto:rreach@ripin.org">rreach@ripin.org</a> (email)</p>
<p><b>New Jersey</b> New Jersey Department of Banking and Insurance 20 West State Street PO Box 325 Trenton, NJ 08625 (800) 446-7467 (609) 292-7272 <a href="http://www.state.nj.us/dobi/consumer.htm">http://www.state.nj.us/dobi/consumer.htm</a> (website) <a href="mailto:ombudsman@dobi.state.nj.us">ombudsman@dobi.state.nj.us</a> (email)</p>	<p><b>Oklahoma</b> Oklahoma Insurance Department Five Corporate Plaza 3625 Northwest 56th Street, Suite 100 Oklahoma City, OK 73112-4511 (800) 522-0071 (in-state only) (405) 521-2828 <a href="https://www.ok.gov/oid/Consumers/Consumer_Assistance/">https://www.ok.gov/oid/Consumers/Consumer_Assistance/</a> (website)</p>	<p><b>South Carolina</b> South Carolina Department of Insurance Consumer and Individual Licensing Services P.O. Box 100105 Columbia, SC 29202 (803) 737-6180 <a href="http://www.doi.sc.gov/638/Health-Insurance">http://www.doi.sc.gov/638/Health-Insurance</a> (website) <a href="mailto:consumers@doi.sc.gov">consumers@doi.sc.gov</a> (email)</p>
<p><b>Tennessee</b> Tennessee Department of Commerce &amp; Insurance 500 James Robertson Parkway Davy Crockett Tower, 4th floor Nashville, TN 37243-0565 (615) 741-2241 <a href="http://www.tn.gov/commerce/section/consumer-services">http://www.tn.gov/commerce/section/consumer-services</a> (website)</p>	<p><b>Virginia</b> Virginia State Corporation Commission Life &amp; Health Division, Bureau of Insurance P.O. Box 1157 Richmond, VA 23218 (804) 371-9691 <a href="http://www.scc.virginia.gov/boi/cons/index.aspx">http://www.scc.virginia.gov/boi/cons/index.aspx</a> (website) <a href="mailto:bureauofinsurance@scc.virginia.gov">bureauofinsurance@scc.virginia.gov</a> (email)</p>	<p><b>Washington</b> Washington Consumer Assistance Program 5000 Capitol Blvd Tumwater, WA 98501 (800) 562-6900 <a href="https://www.insurance.wa.gov/">https://www.insurance.wa.gov/</a> (website) <a href="mailto:cap@oic.wa.gov">cap@oic.wa.gov</a> (email)</p>
<p><b>Texas</b> Texas Consumer Health Assistance Program Texas Department of Insurance Mail Code 111-1A 333 Guadalupe P.O. Box 149091 Austin, TX 78714-9091 (800) 252-3439 <a href="http://www.texashealthoptions.com">http://www.texashealthoptions.com</a> (website) <a href="mailto:ConsumerProtection@tdi.texas.gov">ConsumerProtection@tdi.texas.gov</a> (email)</p>	<p><b>Virgin Islands</b> U.S. Virgin Islands Division of Banking and Insurance 1131 King Street Suite 101 Christiansted St. Croix, VI 00820 (340) 773-6459 <a href="http://ltg.gov.vi">http://ltg.gov.vi</a> (website)</p>	<p><b>West Virginia</b> West Virginia Offices of the Insurance Commissioner Consumer Service Division P.O. Box 50540 Charleston, WV 25305-0540 (888) 879-9842 <a href="http://www.wvinsurance.gov/ConsumerServices/ConsumerServices.aspx">http://www.wvinsurance.gov/ConsumerServices/ConsumerServices.aspx</a> (website)</p>
<p><b>Vermont</b> Vermont Legal Aid 264 North Winooski Ave. Burlington, VT 05402 (800) 889-2047 <a href="http://www.vtlegalaid.org">http://www.vtlegalaid.org</a> (website)</p>		



Submit this form to:  
LucyRx  
7815 N Palm Ave  
Suite 400  
Fresno, CA 93711  
ATTN: Prior Authorization  
Department

Or by Fax: 800.476.2691

**Prior Authorization Appeal Form**  
Use this form to appeal pharmacy claim decisions.

Type of Request (if known). Please select the one that most applies.

- Level I Appeal
- Level II Appeal
- Level III Appeal\*

\*Level III Appeal may be sent to an external reviewer. For questions about the external reviewer please contact the Prior Authorization Department at 877-860-8846.

**Member Information**

First Name:		Last Name:		DOB: (MM/DD/YY)		Phone:		
ID Number:			Group Policy #:					
Address:			City:		State:		Zip:	

**Appeal Authorization: Who can appeal on your behalf?**

This section must be completed by the member.

First Name:		Last Name:		Phone:				
Relationship to Member:				Fax:				
Address:			City:		State:		Zip:	

**Provider Information**

Provider of Care: (e.g.: Doctor's name, hospital, laboratory)								
Address:			City:		State:		Zip:	
NPI:				DEA:				
Provider Contact Name:			Phone:		Fax:			

**Claim Information**

Date of Service (MM/DD/YY):		Prescription Number:	
Utilization Management Reference # (listed on denial letter):			
Medication:			

**\*\*For questions about this form or to inquire about a request under review, please call:**

LucyRx at 877-860-8846

**Why are you appealing?**

**What would you like us to review again?**

Write in the space below (attach supporting documents if you have them)

**What action do you want us to take?**

Write in the space below (if you need more space, you may attach a written statement)

**Member ID:** \_\_\_\_\_

**Member/Requester Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

## RELEASE OF HEALTHCARE INFORMATION AND RECORDS

**By signing this form, I understand and agree to the following:** LucyRx, or any of its affiliates may disclose my health records with the Authorized Representative listed above.

**I understand that the healthcare information may include my benefit, claim, diagnosis and treatment records including information about the following sensitive healthcare diagnosis and treatment unless I cross one or more from the list:**

- Alcohol and/or Chemical dependency
- Sexually Transmitted Diseases (HIV/AIDS)
- Genetic information
- Reproductive health (including abortion)
- Psychiatric disorders/Mental Illness

You can change your mind and withdraw this release at any time by informing LucyRx in writing at the address listed at the bottom of this form. LucyRx will make sure the change goes into effect within five business days after receiving your withdraw request and will not be liable for any information released before your change goes into effect. This release is voluntary. We will not condition your enrollment in a health plan, eligibility for benefits or payment of claims on giving this release. The release will last twenty-four months from the signature date below, or until the appeal process is complete, whichever is earlier.

Member/Requester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### APPEAL FORM SUBMISSION

**Fax this completed form to our secure fax machine at: 800-476-2691**

**Or mail to: LucyRx**

**7815 N Palm Ave**

**Suite 400**

**Fresno, CA 93711**

**ATTN: Prior Authorization Department**