

APPEAL REQUEST FORM

If you do not agree with the decision Magellan Complete Care of Virginia (MCC of VA) has made on a service request or payment issue, you have the right to appeal. You may also file an appeal with the Department of Medical Assistance Services (DMAS) Appeals Division, but you must file an appeal with MCC of VA first. You have 60 calendar days from the date on the service letter or payment decision to appeal. After 60 calendar days, it is too late to appeal the decision. If you ask for an appeal by calling us, you must also send your request to us in writing within 10 days. Below is a form to assist you in making your appeal request in writing. You can provide it to us in person or in writing to:

Attn: Appeals Specialist
 Fax: (866) 325-9157 or
 Address: MCC of VA
 3829 Gaskins Road
 Richmond, VA 23233

If you are in need of assistance completing this form please call Member Services at 1-800-424-4524 (TTY 711) from 8 a.m. to 8 p.m. local time, Monday through Friday.

Member Name:	
Member ID:	Member Date of Birth:
Date of Service:	Provider:
Preferred Contact Phone Number:	
Service(s) appealed:	
Are you requesting Continuation of Benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No Please note that if the original adverse decision is upheld you may be responsible for paying for the care received during the appeal process. The Continuation of Benefit request must be received by MCC of VA within 10 calendar days of the initial denial/reduction or within 10 calendar days of service end date.	
Reason for appeal:	

Please send any additional information you would like us to consider in making a decision on your appeal.