



## REQUEST FOR PAYMENT REVIEW/APPEAL

At GBG Administrative Services our goal is to provide a high level of member service to our members and providers. The form below is to assist you in the review of any claim for benefit under which there may be a dispute.

Appeals should be submitted within **6** months of receiving your processed claim, denial letter, or denial of pre-authorization. Upon appeal, the member will pay any fees associated with the request of additional medical records. After the written notice is filed and all relevant information is presented, the claim will be reviewed and a final decision sent within **60** days after receipt of the notice of the appeal. Under special circumstances, an extension for further review will be granted, but not for longer than 60 additional days. Emergency reviews will be accelerated at the discretion of the Appeals Committee.

If a decision is made to alter the initial decision and payment or additional payment is issued, you may be notified of the benefit adjustment through an Explanation of Benefits (EOB). If a decision is made to uphold our initial decision, you will be notified in writing.

### Instructions:

Please complete and mail this form or letter of grievance/appeal along with all supporting documentation to address below. You may also submit these documents via e-mail to [customerservice@gbg.com](mailto:customerservice@gbg.com) (Scan and submit all appropriate documents with appropriate signatures.)

1. Please ensure that you complete this form and provide all requested information.
2. In the event that your claim for benefit has been denied, please provide a summary of why you feel this claim should be reviewed.
3. Please provide copies of any supporting documents in your possession, including:
  - a. Copy of the claim
  - b. Copy of the Explanation of Benefits (EOB)
  - c. Any and all letters/emails regarding this claim for benefits
  - d. Any additional supporting medical documentation or reports
  - e. Any other documentation that you wish to include in the review

**Appeals Mailing Address:** GBG Administrative Services  
Attention: Appeals Department 26741  
27422 Portola Pkwy #110 Foothill  
Ranch, CA 92610  
Toll Free 877-916-7920

**FRAUD WARNING: Any person, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, who submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.**



## MEMBER/DEPENDENT INFORMATION

Name: (Last, First, MI):		Member ID:		Date of Birth:	
Street Address:		City:		State:	Zip:
Home Phone:	Alternate Phone:		E-Mail Address:		
Date(s) of Service:		Claim Number(s):			
Please indicate where you would like any appeal correspondence to be Directed:					
Member/Provider/Facility Name:			Street Address/P.O. Box:		
City:	State:		Zip:		
Phone:	Fax:		Email:		
Relationship to claimant:		Contracted Provider? (for provider appeals)			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If you are not the member, claimant, or Provider of Service, please attach documentation showing you have legal authorization/rights to appeal on the claimant's behalf, such as, but not limited to, a signed and dated letter of authorization, a legal power of attorney document, etc.</b>					

Is this an Appeal for a Service(s) that wasn't/weren't rendered and required Authorization?  YES  NO PLEASE CHECK OFF THE

SELECTION THAT BEST DESCRIBES YOUR APPEAL:

- Member Not Covered     Service Not Covered    Bundling     Denial Benefit Exclusion or Limitation
- Provider Fee Schedule/ Benefit Administration (i.e. co-payment, deductible, etc.)
- Contract Language/ Medical Necessity     Maximum Reimbursable Amount
- Timely Claim Filing (without proof)     Experimental/Investigational Procedure
- Inpatient Facility Denial (Level of Care, Length of Stay)     Other (Use below to describe)

Please provide a summary of your request and include any details that you wish to have reviewed. Please indicate the specific reason for the request for review (if additional space is required please attach a separate page).

Signature:	Print Name:	Date:
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Summary Continued:

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Signature:	Print Name:	Date:
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**Fair Processing Notice**

The GBG Group includes insurance companies, brokering and management companies, as well as assistance and operations companies. We respect your privacy and we are all committed to protecting your personal information.

Our privacy policy tells you about your privacy rights and how the law protects you. This includes information on how we collect and then process your personal information. Our privacy policy is located on our website at <https://www.gbg.com/#/AboutGBG/PrivacyPolicy> and we would advise you to read the policy so you understand your rights and your personal data use by the GBG Group.