



P.O. Box 30192
Salt Lake City, UT 84130-0192
Phone 800-207-1018
simplifiedbenefitsadministrators.org

Appeal Form

USE THIS FORM FOR APPEALS ABOUT DENIED BENEFITS OR A CLAIM

Subscriber Name \_\_\_\_\_ Subscriber ID \_\_\_\_\_
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
ZIP \_\_\_\_\_ Home Ph# (\_\_\_\_\_) \_\_\_\_\_ Work Ph# (\_\_\_\_\_) \_\_\_\_\_
Provider \_\_\_\_\_ Patient Name (person mentioned in the appeal) \_\_\_\_\_
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date(s) of Service \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_
[ ] Ask for an expedited appeal (pre-service only)

A. WHAT IS THE REASON FOR YOUR APPEAL?

B. WHAT WOULD YOU LIKE US TO DO?

C. HOW WOULD YOU LIKE US TO CONTACT YOU ABOUT THIS APPEAL?

[ ] Email \_\_\_\_\_ [ ] Fax: \_\_\_\_\_ [ ] Mail to the above address

SIGNATURE

Please attach copies of any records (such as bills or letters from doctors) and send them by email, fax or mail.

- Email: appeals@simplifiedbenefitsadministrators.org
• Fax: 801-442-0762
• Mail: Address as shown above

I GIVE SIMPLIFIED BENEFITS ADMINISTRATORS PERMISSION TO LOOK INTO MY APPEAL. I UNDERSTAND THAT SIMPLIFIED BENEFITS ADMINISTRATORS MAY NEED TO CONTACT THE PROVIDER AND/OR REVIEW MY RECORDS.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_
Subscriber or Patient

# Fair Treatment Notice



Simplified Benefits Administrators obeys Federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

We provide free:

- Aid to those with disabilities to help them talk with us. This may be sign language interpreters or info in other formats (large print, audio, electronic).
- Help for those whose first language is not English, such as interpreters or member materials in other languages.

Need help? Call Simplified Benefits Administrators at **800-207-1018**.

If you feel you've been treated unfairly, call Simplified Benefits Administrators 504/Civil Rights Coordinator at **1-800-207-1018** (TTY Users: 711) or the Compliance Hotline at **1-800-442-4845** (TTY Users: 711).

You may also call the Office for Civil Rights at **1-800-368-1019** (TTY Users: **1-800-537-7697**).

## Language Access Services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Simplified Benefits Administrators.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 Simplified Benefits Administrators

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Simplified Benefits Administrators.

통지: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Simplified Benefits Administrators. 번호로 전화해 주십시오.

ध्यान दनिहोस्: तपाईंले नेपाली बोल्ननुहुन्छ भने तपाईंको नम्रिता भाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ। Simplified Benefits Administrators मा फोन गर्ननुहोस्।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Simplified Benefits Administrators.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Simplified Benefits Administrators.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Позвоните Simplified Benefits Administrators.

ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Contactez Simplified Benefits Administrators.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。Simplified Benefits Administrators. まで、お電話にてご連絡ください。

ማሳሰቢያ: ከማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ጽጋፍ ከገልግሎቶቻችን ያለክፍያ ለክርስቶስ ይገኛሉ። Simplified Benefits Administrators ን ያናግሩ።

ПАЖЊА: Ако говорите Српски, бесплатне услуге помоћи за језик, биће вам доступне. Контактирајте Simplified Benefits Administrators.

تامدخ لكل رفوتت سف، بى ربع ثدحتت تنك اذا: هيبنت اب تامدخ. تسامش رايتخا رد ناگى ارتروصب، بى نابز كمك دىرى گب سامت Simplified Benefits Administrators.

تامدخ، دى نكىم تب حص ى نك دراو ار نابز هب رگا: هجوت اب. تسامش رايتخا رد ناگى ارتروصب، بى نابز كمك دىرى گب سامت Simplified Benefits Administrators.

หมายเหตุ: หากคุณพูด ใส่ภาษา, การบริการภาษา โดย ไม่มีค่าใช้จ่าย มีพร้อมบริการให้กับคุณ ติดต่อ Simplified Benefits Administrators

**Simplified Benefits Administrators:  
1-800-207-1018**