

Reason for Appeal continued...

Standard Appeal: We will give you a written decision within 30 days after we get your appeal.

Urgent Appeal: We will notify you of our decision within 72 hours of our receipt of your request. An urgent appeal can be requested if there is an immediate threat that could seriously jeopardize your life, health, or ability to regain maximum functioning. Optum will decide if your appeal meets urgent criteria. We will automatically give you an urgent appeal if your provider asks for one or if your provider supports your urgent request. If an urgent appeal is not granted, we will promptly notify you and give you a decision on your appeal within 30 days.

Check here if you want an urgent appeal.

How to keep your services while we review your appeal: Members have the right to continue receiving services that are being suspended, terminated, or reduced where the authorization has not expired pending an appeal decision. Appeals must be submitted **within 10 days** of the denial letter or the “Effective Date” shown on the denial letter, whichever is later, to continue receiving services. Providers filing an appeal on behalf of a member cannot request this option. Optum may collect payment from you for those services if the appeal review is not in your favor.

Check here if you want to continue receiving services pending an appeal decision.

Consent for Providers or Representatives:

If you want to allow a provider or representative to file an appeal on your behalf, please select one of the following options and fill out the information below.

- I am authorizing my provider to file this appeal on my behalf; *or*
- I am authorizing the individual named below to file this appeal on my behalf as my authorized representative. Legal documentation may be submitted in place of this information.

Provider or Authorized Representative Name

Phone Number

Street Address

City

State

Zip Code

By signing below, I authorize the person named above to act on my behalf and receive information from Optum Idaho in connection with my appeal. This information may include medical and financial information in connection with this appeal. I understand this information is confidential and will only be released as specified in this authorization. My consent is only valid for this appeal.

Signature of Member or Legal Guardian/
Parent if a minor

Name of Member or Legal Guardian/ Parent if a
minor. (Please Print)

Date

Appeals filed with the Idaho Department of Health and Welfare (known as State Fair Hearings) can be filed only after filing an appeal with Optum. If you have any questions or need help with this form, please call the toll-free Optum member line at **1-855-202-0973** (TTY 711).