Pequot Health Care
Pequot Plus Health Benefit Services
Third Party Administration Division
1 Annie George Drive
PO Box 3730
Mashantucket, CT 06338
Phone: 888-779-6872
Local: 860-396-6489
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MASHANTUCKET PEQUOT TRIBAL NATION
FAMILY HEALTH PLAN MEDICAL AND DENTAL BENEFIT
APPEAL REQUEST FORM

Member Name: _____ Member ID#: _____

Patient: _____ DOB: _____

Mailing Address: _____ Phone #: _____

City: _____ State:_____ Zip Code:_____

If this appeal relates to a specific claim, please provide the provider's name and the dates of service.

Provider: _____ Dates of Service: _____

What decision are you appealing?

_____

_____

Explain why you believe the service should be covered: (*Attach additional sheets, as needed)*

_____

_____

_____

_____

_____

Ensure to attach any supporting documentation that shows why you believe your services should be covered. These include, but are not limited to medical records, provider letter(s), brochures, notes, receipts, etc.

_____ _____

Member (or authorized representative) Signature Date