

GROUP APPEAL FORM

Group Name: _____ Group Number: _____

We are extremely interested in addressing your appeal. This form is used to gather important information necessary to research this appeal. Please provide as much information as possible below.

Subscriber Name: _____ ID No: _____

Subscriber Name: _____ ID No: _____

Briefly describe the reason for your appeal:

Mail To: BCBSRI
Attn: Grievance & Appeals Unit
500 Exchange Street
Providence, RI 02903

Disclosure Statement:

By signing this form you are allowing us to use your name if we need to contact individuals for information. If you do not sign this form, our ability to fully review your complaint may be affected.

Disclosure Accepted Disclosure Denied
Please check one of the boxes above.

Employer Signature

Date