



**BlueCross BlueShield  
of Texas**



**TEXAS**  
Health and Human  
Services

## BCBSTX Health Plan Appeal Request Form

To ask for a health plan appeal, you can call us at **1-877-688-1811**, email us at [GPDTXMedicaidAG@bcbsnm.com](mailto:GPDTXMedicaidAG@bcbsnm.com), or you can fill out this form and mail or fax it to us.

**Mail: Blue Cross and Blue Shield of Texas**  
**C/O Complaints and Appeals Department**  
**P.O. Box 660717**  
**Dallas, TX 75266**  
**Fax: 1-855-235-1055**

You must request an appeal by 60 Days from the date this notice is mailed to you.

If you want to continue your services during your appeal, you must make your request by 10 Days from the date this notice was mailed, or the by the date your services will change.

**Mark the appeal you want:**  
**Only select one.**

- Health Plan Appeal
- Emergency Health Plan Appeal\*

\*Emergency health plan appeals should only be requested if you believe your health will be seriously harmed by waiting for your health plan appeal decision.

<Denial Reference Number: Number>

Do you want your services to continue?      Yes                      No

You must request for your services to continue by 10 Days from the date this notice is mailed, or the date services will change. You can make this request by phone. Call us at **1-877-688-1811** if you think this form will not reach us by mail before the deadline.

**Your Personal Information\***

Member name:	Parent or authorized representative:
Member Medicaid ID and subscriber number:	Preferred phone number:

\*If any of your contact information has changed, call the enrollment broker at **1-800-964-2777** or BCBSTX at **1-877-688-1811 (TTY: 711)**.

**Your Authorized Representative's or Parent's Information**

You can represent yourself. If you would like someone to represent you, such as, parent, relative or friend, complete the following information. By completing this section, you are authorizing your designated representative to appeal and obtain information on your behalf.

Name:
Address:
Phone number:

**Reason for the Appeal**

This section is optional. You can fill it out to tell us about your services under appeal and why you think they're needed.

Services under appeal:
Why you need them:

**Sign this form:**

By signing this form, you or your authorized representative are requesting an appeal and giving your health plan, BCBSTX, authorization to get your medical records and to contact your appeal representative if you listed one.

Member/Authorized representative signature

\_\_\_\_\_

Printed name

\_\_\_\_\_

Date

\_\_\_\_\_

To get auxiliary aids and services, or to get written or oral interpretation to understand the information given to you, including materials in alternative formats such as large print, Braille or other languages, please call the Blue Cross and Blue Shield of Texas Customer Advocate Department on the back of your Member ID card.

**Health care coverage is important for everyone.**

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 1-855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator  
300 E. Randolph St., 35th Floor  
Chicago, Illinois 60601

Phone: 1-855-664-7270 (voicemail)  
TTY/TDD: 1-855-661-6965  
Fax: 1-855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building 1019  
Washington, DC 20201

Phone: 1-800-368-1019  
TTY/TDD: 1-800-537-7697  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>  
Complaint Forms: <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

Para solicitar ayuda y servicios auxiliares o servicios de interpretación oral o escrita para entender la información que se le brinda, incluidos los documentos en formatos alternativos como los impresos en letra grande, Braille u otros idiomas, llame al departamento de especialistas en Servicio al Cliente de Blue Cross and Blue Shield of Texas al número en su tarjeta de asegurado.

**Tener cobertura médica es importante para todos.**

Ofrecemos comunicación y servicios gratuitos para cualquier persona con impedimentos o que requiera asistencia lingüística. No discriminamos por motivos de raza, color, país de origen, sexo, identidad de género, edad, orientación sexual, estado de salud o discapacidad.

Para recibir asistencia lingüística o comunicativa de manera gratuita, llámenos al 1-855-710-6984.

Si cree que no hemos proporcionado un servicio, o si cree que ha sido discriminado de cualquier otra manera, comuníquese con nosotros para presentar una inconformidad.

Office of Civil Rights Coordinator  
300 E. Randolph St., 35th Floor  
Chicago, Illinois 60601

Teléfono: 1-855-664-7270 (correo de voz)  
TTY/TDD: 1-855-661-6965  
Fax: 81-55-661-6960

Tiene el derecho de presentar una queja por derechos civiles en la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU. (U.S. Department of Health and Human Services, Office for Civil Rights) por estos medios:

U.S. Dept. of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building 1019  
Washington, DC 20201

Teléfono: 1-800-368-1019  
TTY/TDD: 1-800-537-7697  
Portal de quejas: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>  
Formulario de quejas: <https://www.hhs.gov/sites/default/files/ocr/civilrights/resources/factsheets/spanish/cmpltfrmspanish.pdf>

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إن كان لديك أو لدى شخص تساعد أسئلة، فلدك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવા કોઈ બીજા વ્યક્તિને એસ.બી.એમ. કાયદમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में नि:शुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago ła'da bíká anánílwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóótí'i' t'áá níłk'e níká a'doolwoł dóó bína'ídíłkidígíí bee níł h odoonih. Ata'dahalne'ígíí bich'í' hodíłłnih kwe'e 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سوالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nêu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.