

If you are the member's treating physician, please complete the following information and sign the acknowledgement below indicating the member has been given the appropriate notice.

| | | |
|-----------------------|------------|----------------|
| Physician's Last Name | First Name | Middle Initial |
|-----------------------|------------|----------------|

| | | | |
|--------------------------------------------------|------|-------|----------|
| Practice Name and Address (Number, Street, Apt.) | City | State | Zip Code |
|--------------------------------------------------|------|-------|----------|

| | |
|----------------------|--------------|
| Telephone (Business) | Today's Date |
|----------------------|--------------|

| | |
|----------------|---------------------|
| Physician ID # | Physician Signature |
|----------------|---------------------|

**For more information, please contact Independent Health's Member Services Department at (716) 250-4401 or 1-800-665-1502 (TTY: 711)
October 1 – March 31: Monday – Sunday, 8 a.m. – 8 p.m.
April 1 – September 30: Monday – Friday, 8 a.m. – 8 p.m.**

Check this box if your health requires a fast appeal. You can get a fast appeal only if you are asking for coverage for medical care you have not yet received. You can get a fast appeal only if using the standard deadlines could cause serious harm to your health or hurt your ability to function. If your doctor tells us that your health requires a "fast appeal," we will automatically agree to give you a fast appeal.

This Section Must Be Completed - Provide All Details Below
(Please Print)

| | |
|------------------------|----------------------|
| Date(s) of Service(s): | Provider(s) Involved |
|------------------------|----------------------|

Brief Description of Complaint or Appeal:
(If additional space is needed, attach additional information.)

Send this completed form (and any additional documentation) to:

Mail: Benefit Administration
P.O. Box 2090
Buffalo, NY 14231

Fax: (716) 635-3504

Email: appeals@independenthealth.com

Independent Health is a Medicare Advantage organization with a Medicare contract offering HMO, HMO-SNP, HMO-POS and PPO plans. Enrollment in Independent Health depends on contract renewal.

Language Assistance Services

| | |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| English | ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-665-1502 (TTY: 711). |
| Spanish | ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-1502 (TTY: 711). |
| Chinese | 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 1-800-665-1502 (TTY: 711) |
| Russian | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-665-1502 (телетайп TTY: 711). |
| French Creole | ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-665-1502 (TTY: 711). |
| Korean | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-665-1502 (TTY: 711) 번으로 전화해 주십시오. |
| Italian | ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-665-1502 (TTY: 711). |
| Yiddish | אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-665-1502 (TTY: 711) |
| Bengali | লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-665-1502 (TTY: 711)। |
| Polish | UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-665-1502 (TTY: 711). |
| Arabic | ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-665-1502 (رقم هاتف الصم والبكم: 117). |
| French | ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-665-1502 (TTY: 711). |
| Urdu | خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-665-1502 (TTY: 711) |
| Tagalog | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-665-1502 (TTY: 711). |
| Greek | ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-665-1502 (TTY: 711). |
| Albanian | KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-665-1502 (TTY: 711). |

Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement

Discrimination is Against the Law

Independent Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Independent Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Independent Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Independent Health's Member Services Department. If you believe that Independent Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Independent Health's Member Services Department, 511 Farber Lakes Drive, Buffalo, NY 14221, 1-800-501-3439 (TTY: 711), fax (716) 635-3504, memberservice@servicing.independenthealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Independent Health's Member Services Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Independent Health is a Medicare Advantage organization with a Medicare contract offering HMO, HMO-SNP, HMO-POS and PPO plans. Enrollment in Independent Health depends on contract renewal.

