EMI HEALTH
Smart Benefits

EMI Health Customer Relations Appeal Form

852 East Arrowhead Lane • Murray, Utah 84107-5298 • 801-262-7475 • 800-662-5851 • www.emihealth.com

Insured's Name	Member ID Number
Current Address	
City State Zip	Plan
Employer	Physician
Patient's Name	Date(s) of Service

1. EXPLANATION OF APPEAL:

2. WHAT WRITTEN AND/OR ORAL COMMUNICATION HAVE YOU RECEIVED? FROM WHOM?

3. EXTENUATING CIRCUMSTANCES OR ADDITIONAL INFORMATION:

4. WHAT IS YOUR EXPECTATION FOR RESOLUTION?

Please attach copies of any supporting documents (referrals, claims itemized bills, and letters from doctors, etc.) EMI HEALTH IS AUTHORIZED TO INVESTIGATE MY APPEAL. I UNDERSTAND THAT THIS MAY NECESSITATE A REVIEW OF THE MEDICAL AND FINANCIAL RECORDS RELATING TO MY HEALTH.

_____ _____

Signature - insured or patient Date