



1800 Ninth Avenue
Seattle, WA 98101-1314



PO Box 91015
Seattle, WA 98111-9115

Regence BlueShield serves select counties in the state of Washington
and is an Independent Licensee of the Blue Cross and Blue Shield Association

UMP MEMBER APPEAL FORM

Please return completed form to:

Attn: **UMP Appeals and Grievances**

Regence BlueShield

PO Box 91015

Seattle, WA 98111-9115

or by fax to: 1-877-663-7526

Email: **UMPMemberAppeals@regence.com**

UMP Customer Service

PEBB 1 (888) 849-3681

TRS: 711

UMP Customer Service

SEBB 1 (800) 628-3481

TRS: 711

Member Name				Date of Birth				Phone Number											
Address						City, State, ZIP Code						E-Mail Address (optional)							
Member ID Number								Group Number								Today's Date			
W																			
Provider / Hospital Name								Date(s) of Service or Incident											
Regence Claim Number(s) (if available)																			

Note: If you are initiating an appeal on behalf of another person, Regence BlueShield may require appeal authorization from that person in order to proceed with an appeal review.

Please explain the problem. Include background, time frames, and the names of anyone else you have spoken with to try and resolve the problem, any supporting documentation, and your expectations or suggestions for resolution.

We need your permission to authorize Regence BlueShield to request any medical records needed to answer your appeal. This includes information about alcohol or drug abuse, mental health, AIDS or HIV virus, if applicable. This authorization begins today and remains in effect so long as your appeal is being reviewed. You will receive an acknowledgment letter for this appeal with information about the appeals process.

PRINTED NAME

RELATIONSHIP TO PATIENT

▶ _____
SIGNATURE OF PATIENT OR AUTHORIZED REPRESENTATIVE
(Patient's parent/guardian may sign if patient is a minor child)

TODAY'S DATE

