American Specialty Health Plans of California, Inc. (ASH Plans)
P.O. Box 509140, San Diego, CA 92150-9140
Fax: 877.404.2746

APPEAL / GRIEVANCE SUBMISSION

For questions, please call ASH Plans at 800.972.4226

Please complete this form in its entirety and submit to ASH Plans Appeals and Grievances Department at the address listed above. You may also submit an appeal or grievance online through the ASHLink® website, ASH Plan's secure practitioner portal at www.ashlink.com.

Note: Due to the Department of Managed HealthCare (DMHC) regulations, appeals involving services that have not yet been delivered to the member (i.e. pre-service clinical appeals) must be appealed by the member or the authorized representative of the member. If you are acting as the member's authorized representative, you must submit this form and the Appointment of Authorized Representative (AOR) form located in the operations manual or on ASHLink. The AOR form can be found at:

https://www.ashlink.com/ASH/public/Combined/AuthorizedRepresentative.aspx.

ASH Plans Contracted Practitioner Submitting Appeal / Grievance

Name _____

Address _____

City _____ State _____ Zip _____

Member Information

Member Name _____

Member ID _____

Member Birthdate _____

Member Health Plan _____

Reason for Appeal / Grievance

Please indicate which type you are submitting (check only one):

- ☐ Clinical Appeal (i.e. office visit non-approval, date range reduction)

  or

- ☐ Administrative Appeal (i.e. submission timeframe non-approval, patient eligibility non-approval)

  or

- ☐ Grievance (i.e. formal complaint regarding ASH Plans policies, procedures or service unrelated to an adverse determination/non-approval)

MNR Form # **or** Claim # (if applicable)_____

Dates of Service_____ to_____

Appeals can be submitted if you are dissatisfied with an ASH determination. If you have not received an ASH Plans determination, you should submit your claim or treatment form. If you are dissatisfied once you receive an ASH Plans determination, you may submit an appeal at that time.

Please explain in detail the rationale for your appeal or grievance. Attach additional documentation as necessary.

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Please submit all documentation that will substantiate your appeal or grievance.

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.