

Select Solution Request for Appeal Letter

Dear Medica Member:

Recently you contacted our office and requested a review of Medica's denial of service you believe should be eligible for coverage under your Medica Select SolutionSM Policy of Coverage and/or Medicare.

Attached you will find a form to file your appeal in writing. Please fill out and sign the form and return to Medica. Once this information has been received, your appeal will be completed within 30 days. If Medica cannot make a decision within 30 calendar days due to circumstances outside its control, Medica may take up to an additional 14 calendar days to notify you. Medica will inform you in advance of such an extension.

You may also contact the Minnesota Department of Commerce at 651-539-1500 or 1-800-657-3602 regarding this matter.

If you have any further questions, please contact Medica Customer Service at 952-992-2300 or 1-800-234-8755 between 8 a.m. and 8 p.m. Central, seven days a week. TTY users may call 711. Please note access to a representative is limited on the weekends/holidays during certain times of the year.

Sincerely,

Customer Service

Medica Benefit Review
Medica Select Solution

Recently you called Medica's Center for Healthy Aging requesting benefit review for health services you believe should be covered under your Certificate of Coverage/Policy.

In order for Medica to initiate this review, please complete this form and return to Medica.

Member Name: _____

Member I.D.# _____

Service that was denied: _____

Date service was received: _____

Provider: _____

Date Medica denied the service: _____

Please give an explanation as to why you believe the denial is incorrect:

Member's Signature
(If not the member, state your relationship to the member)

Date