home state health

Show Me Healthy Kids
MANAGED BY HOME STATE HEALTH

Appeal Form:

If you wish to file an appeal, you may either file the appeal orally or in writing. If you chose to file orally you may call the phone number listed below to file your appeal. If you choose to file your appeal in writing you may complete this form or you may write a letter that includes the information requested below. The completed form or your letter should be mailed to:

Home State Health **PO Box 10287** **Van Nuys, CA 91410**	**Home State Health** **1-855-694-4663**	**Show Me Healthy Kids** **1-877-236-1020**	**TTY: 711** **FAX: 1-877-309-6762**

Member's Name:

MO HealthNet #:

Street Address:

City State Zip

Member Phone Number:

Tracking Number (if applicable, found in upper left-hand corner of Adverse Benefit Determination letter):

Additional information to support the appeal, (or attach):

Signature of Member or Representative*

Daytime Phone# Date

*Relationship to Member: ☐ Self ☐ Parent ☐ Guardian ☐ Other

If "other" explain:

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Authorized Representative Designation

You may have someone else act on your behalf in an appeal or grievance/complaint. The person you list below will be accepted as your representative. We cannot speak with anyone on your behalf until we receive this form. Return to us at:

Home State Health and Show Me Healthy Kids
Attn: Appeals Department
PO Box 10287
Van Nuys, CA 91410
FAX: 1-877-309-6762

If you have any questions, please call us at:

Home State Health: 1-855-694-4663, TTY: 711

Show Me Healthy Kids: 1-877-236-1020, TTY: 711

I, _____ (Printed Name of Member) want the following person to act for me in my Appeal or Grievance/Complaint. I understand that personal medical information related to my Appeal or Grievance/Complaint may be disclosed to my representative.

1. Name of Representative (Please Print):

2. Address of Representative:

Street Address or PO Box

Apt #

City

State

Zip Code

Phone #: Daytime

Phone #: Evening

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3. Brief description of the appeal or grievance/complaint for which the Representative will be acting on your behalf (Include the denied Authorization Number, if applicable.):

4. Member Signature (or Parent/Guardian)*

Member DOB:

Member ID:

Date:

*Relationship to Member: ☐ Self ☐ Parent ☐ Guardian

5. Representative Signature:

Date

*Relationship to Member: ☐ Self ☐ Parent ☐ Guardian ☐ Other, please specify:

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Show Me Healthy Kids: 1-877-236-1020 (TTY 711)

ENGLISH: Language assistance services, auxiliary aids and services, larger font, oral translation, and other alternative formats are available to you at no cost. To obtain this, please call one of the toll-free numbers above.

SPANISH: Tiene disponible sin costo servicios de asistencia lingüística, ayudas y servicios auxiliares, documentos en letra grande, traducción oral y otros formatos alternativos. Para obtenerlos, llame a una de las líneas gratuitas indicadas arriba.

CHINESE: 免费为您提供语言协助服务、辅助工具及服务、大字体版本、口译服务以及其他替代形式。若需获取这些服务，请拨打上述任意免费电话号码。

VIETNAMESE: Các dịch vụ hỗ trợ ngôn ngữ, phương tiện và dịch vụ hỗ trợ bổ sung, phông chữ lớn hơn, phiên dịch trực tiếp, và các hình thức hỗ trợ thay thế khác được cung cấp miễn phí cho quý vị. Để nhận dịch vụ này, vui lòng gọi đến một trong các số miễn cước bên trên.

SERBO-CROATIAN: Usluge jezičke pomoći, dodatna pomagala i usluge, veći font, usmeno prevođenje i drugi alternativni formati dostupni su vam besplatno. Da biste to dobili, pozovite jedan od gore navedenih besplatnih brojeva telefona.

GERMAN: Sprachassistenzdienste, Hilfsmittel und -dienste, größere Schrift, mündliche Übersetzung und andere alternative Formate stehen Ihnen kostenlos zur Verfügung. Zur Nutzung der vorgenannten Hilfen rufen Sie bitte eine der oben genannten gebührenfreien Nummern an.

ARABIC: خدمات المساعدة اللغوية، والمساعدات والخدمات الإضافية، والخطوط الأكبر، والترجمة الشفهية، وغيرها من الصيغ البديلة متوفرة لك مجانًا. للحصول على هذه الخدمات، يرجى الاتصال بأحد الأرقام المجانية المذكورة أعلاه.

KOREAN: 언어 지원 서비스, 보조 도구 및 서비스, 큰 활자, 통역 및 기타 대체 형식을 무료로 이용할 수 있습니다. 이 서비스를 받으려면 위의 무료 전화번호 중에서 하나를 선택하여 전화하십시오.

RUSSIAN: Услуги языковой поддержки, вспомогательные средства и услуги, крупный шрифт, устный перевод и другие альтернативные форматы

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доступны вам бесплатно. Чтобы воспользоваться ими, позвоните на один из указанных выше бесплатных номеров.

FRENCH: Des services d'assistance linguistique, des aides et services auxiliaires, des polices plus grandes, des traductions orales et d'autres formats alternatifs sont à votre disposition gratuitement. Pour les obtenir, veuillez appeler l'un des numéros gratuits ci-dessus.

TAGALOG: Available sa iyo nang walang gastos ang mga serbisyong tulong sa wika, dagdag na tulong at mga serbisyo, mas malaking letra, oral na pagsasalin, at iba pang mga alternatibong format. Para makuha ito, pakitawagan ang isa sa mga libreng numero sa itaas.

PENNSYLVANIAN DUTCH: Sproochhielfsdienst, hilfsgreje und dienscht, grössere Schrift, mündliche Übersetzung, un ander alternativ Formate sin für euch ohne Kost verfügung. Ruft bitte eppes von die gebührenfreien Nummern oben an für das.

PERSIAN: خدمات کمک زبانی، لوازم و خدمات کمکی، فونت درشت، ترجمه شفاهی و سایر قالب‌های جایگزین بدون هزینه در دسترس شماست. برای دریافت آن، لطفاً با یکی از شماره‌های رایگان بالا تماس بگیرید.

CUSHITE: Tajaajilootni deeggarsa afaanii, gargaarsawwan fi tajaajiloonni addaa, barreeffamoota gurguddaa, hiikkaa kan afaanii fi malootni biroon kaffaltii tokko malee siif ni jiraatu. Kana argachuuf maaloo lakkoofsa bilbila bilisaa armaan olii keessaa tokkotti bilbilaa.

PORTUGUESE: Serviços de assistência linguística, auxílios e serviços auxiliares, fontes maiores, tradução oral e outros formatos alternativos disponíveis para você sem nenhum custo. Para obter isso, ligue para um dos números gratuitos acima.

AMHARIC: ያለ ምንም ወጪ የቋንቋ ድጋፍ አገልግሎቶች፣ ለአካል ጉዳተኞች አጋዥ መሳሪያዎች እና አገልግሎቶች፣ ትልልቅ ቅርጸ-ቁምፊዎች፣ የቃል ትርጉም እና ሌሎች አማራጭ ቅርጸቶችን ማግኘት ይችላሉ። ይህንን ለማግኘት፣ እባክዎ ከላይ ከተዘረዘሩት ነጻ የስልክ ቁጥሮች ወደ አንዱ ይደውሉ።