



home state health.

11720 Borman Drive
Saint Louis, MO 63146

Appeal Form

If you wish to file an appeal, please complete this form. If you choose not to complete this form, you may write a letter that includes the information requested below. The completed form or your letter should be mailed to:

Home State Health
11720 Borman Drive
St. Louis, MO 63146
Phone 1-855-694-4663 **TDD/TTY** 1-877-250-6113
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 _____

Approval Code: HSHP20195
Approval Date: March 18, 2020