

Prior Authorization Appeal Form

To file an appeal for denied benefit coverage, complete this form and return to CastiaRx with clinical documentation. Prescribers may also submit an appeal online at <https://CastiaRx.promptPA.com>.

1. Provide background information

Person Filing Appeal

FIRST NAME

LAST NAME

Identify yourself: Patient Prescriber Authorized Representative Covered Person

YOUR ADDRESS

CITY

STATE

ZIP

YOUR EMAIL

YOUR PHONE

Patient Information

FIRST NAME

LAST NAME

DATE OF BIRTH

MEMBER ID

MEDICATION (for which coverage was denied)

2. Provide appeal information

Are you requesting an urgent appeal? Yes No EOC# _____

Briefly describe why you disagree with this decision:

(you may attach additional information, such as a physician's letter, bills, medical records or other document to support your claim):

PATIENT SIGNATURE (required if person filing appeal is other than patient or prescriber)

DATE

3. Return this form

Return this form and clinical documentation with your denial letter by:

Fax: 314.658.9708

Mail: OptumRx, Prior Authorization Department, c/o Appeals Coordinator, P.O. Box 25184, Santa Ana, CA 92799

Be certain to keep copies of this form, your denial notice, and all documents and correspondence related to this claim.

Questions? Call **866.516.3121** or visit CastiaRx.com

Appeal Rights on back >

Important Information about Your Appeal Rights

What if I need help understanding my denial?

Contact CastiaRx at 877.415.9080 if you need assistance understanding your denial or our decision to deny you a service or coverage.

What if I don't agree with this decision?

You have a right to appeal any decision not to provide or pay for an item or service (in whole or in part).

Can I provide additional information about my claim?

Yes, you may supply additional information.

Can I request copies of information relevant to my claim?

Yes, contact CastiaRx at 866.516.3121 to request copies free of charge. If you think a coding error may have caused this claim to be denied, you have the right to have billing and diagnosis codes sent to you.

How do I file an appeal?

Complete the Appeal Form on front and return to CastiaRx secure fax or via mail.

Who may file an appeal?

You or someone you name to act for you (your authorized representative) may file an appeal.

What happens next?

If you appeal, we will review our decision and provide you with a written determination. If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

What if my situation is urgent?

If your situation meets the definition of urgent under the law, your review will generally be conducted within 72 hours. Generally, an urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your physician, you may experience pain that cannot be adequately controlled while you wait for a decision on your appeal. If you believe your situation is urgent, you may request an expedited appeal by following the instructions above for filing an internal appeal and also by requesting an external review by contacting the CastiaRx Clinical Department at **877.415.9080**.

Other resources to help you:

For questions about your rights, denial notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272)