Health Coverage Appeal Information Packet

Carefully read the information in this packet and keep it for future reference. It has important information about how to appeal decisions Starmount Life Insurance Company makes about your health coverage.

- **Obtaining Information About the Health Coverage Appeals Process[1]**
- **Standardized Forms and Consumer Assistance from the Department of Insurance**
- **Help in Filing an Appeal**

Starmount Life Insurance Company must send you a copy of this information packet when you first receive your policy and within five (5) business days after it receives your request for a Level 1 appeal. When your insurance coverage is renewed, Starmount Life Insurance Company must also send you a separate statement to remind you that you can request another copy of this packet. Starmount Life Insurance Company will also send a copy of this packet to you or your treating provider any time you ask. Call Starmount Life Insurance Company at (225) 926-2888, ext. 2013 to ask for another copy of the packet.

At the back of this packet, you will find forms you can use for your appeal. The Arizona Department of Insurance (ADOI) developed these forms to help people who want to file a health care appeal. You are not required to use these forms. Starmount Life Insurance Company cannot reject your appeal if you do not use them. If you need help in filing an appeal, or you have questions about the appeals process, you may call the ADOI's Consumer Assistance Office at (602) 364-2499 or (800) 325-2548 or call Starmount Life Insurance Company at (225) 926-2888, ext. 2013 or (888) 729-5433, ext. 2013.

How to Know When You Can Appeal

When Starmount Life Insurance Company does not authorize or approve a service not yet provided or does not pay for a claim for services already provided, it must notify you of your right to appeal that decision. Your notice may come directly from Starmount Life Insurance Company or through your treating provider.

Decisions You Can Appeal

You can appeal the following decisions:

1. Starmount Life Insurance Company does not approve a service that you have or your treating provider has requested, but that you have not yet received.

2. Starmount Life Insurance Company does not pay for a service that you have already received.

3. Starmount Life Insurance Company does not authorize a service or pay a claim because it is not covered under your insurance policy, and you believe it is covered.

4. Where preauthorization for a service is required by your benefit plan, Starmount Life Insurance Company does not approve or deny your preauthorization request within ten business days.

Decisions You Cannot Appeal

Although the items listed below are not appealable under state law, you and/or your authorized representative may have the right to appeal some of the following decisions under federal law or submit a grievance through the Grievance Process. Please consult the section entitled "Additional Federal Rights for Group Plans" for additional important information regarding your appeal rights under federal law and/or the section of the Certificate entitled "Grievance Procedure," which explains your rights to submit a grievance.

Under Arizona law, you cannot appeal the following decisions:

1. You disagree with Starmount Life Insurance Company's decision as to the amount Starmount Life Insurance Company allowed amount.

2. You disagree with how Starmount Life Insurance Company is coordinating benefits when you have health insurance with more than one insurer.

3. You disagree with how Starmount Life Insurance Company has applied your claims to your plan deductible.

4. You disagree with the amount of coinsurance or copayments that you paid.

5. You disagree with Starmount Life Insurance Company's decision regarding a possible nondisclosure.

6. You are dissatisfied with any rate increases you may receive under your insurance policy.

7. You believe Starmount Life Insurance Company has violated any other parts of the Arizona Insurance Code.

For those matters that are no appealable, you and/or your provider may submit a grievance to Starmount Life Insurance Company in accordance with Starmount Life Insurance Company's Grievance Process, which is described in your Certificate. If you disagree with a decision that is not appealable, you may also file a complaint with the Arizona Department of Insurance, Consumer Affairs Division, 2910 N. 44th St., Second Floor, Phoenix, AZ 85018.

Additional Federal Rights for Group Plans (Excluding Government Plans and Church Plans)

Levels 2 and 3 of Expedited Appeals and Standard Appeals and Level 2 of the Grievance Process are voluntary. If you choose not to participate in Levels 2 or 3 of the Appeal Process or Level 2 of the Grievance Process, Starmount Life Insurance Company will waive its right to assert that you have failed to exhaust administrative remedies. Any statute of limitations defense or other defenses based on timelines will be stopped while your voluntary appeal or grievance is pending.

No fees or costs may be imposed upon you as a part of any voluntary level of appeal or grievance. Before deciding to submit your claim to Levels 2 & 3, you also have the right to ask Starmount Life Insurance Company for information about: (1) the rules for Levels 2 and 3, (2) your right to representation at these levels, (3) the process for selecting the decision maker, and (4) circumstances that may affect the impartiality of the decision maker, if any. If you want this information, please call or write the following address and telephone number:

Starmount Life Insurance Company
Appeals & Grievances Committee
P.O. Box 80139
Baton Rouge, LA 70898-0139

Fax: 225-929-7288
Phone: 225-926-2888, ext. 2013, or 888-729-5433, ext. 2013

You may submit written comments, documents, or other information in support of your appeal or grievance, and you will have access to all documents that are relevant to your claim. Your appeal or grievance will be conducted by a person different from the person who made the initial decision. No deference will be afforded to the initial determination.

These Appeal and Grievance rights are in addition to your rights to challenge Starmount Life Insurance Company's decision in court, including, but not limited to bringing legal action under Section 502(a) of the Employee Retirement Income Security Act of 1974 (ERISA). You and your ERISA plan may have other voluntary alternative dispute resolution options in addition to the Appeals and Grievance Process described in your Certificate, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office. You may also be able to obtain information from your group benefits administrator.

Who Can File An Appeal

Either you or your treating provider can file an appeal on your behalf. At the end of this packet is a form that you may use for filing your appeal. You and your treating provider are not required to use this form and may send Starmount Life Insurance Company a letter with the same information.

Description of the Appeals Process

If you wish to appeal Starmount Life Insurance Company's initial decision, you have Starmount Life Insurance Company the right to have your claim reviewed under three different levels of appeal that Starmount Life Insurance Company must offer you under either federal law or Arizona state law.

There are two types of appeals: (1) expedited appeal for urgent matters, and (2) standard appeal. Each type of appeal has three levels. The appeals operate in a similar fashion, except that expedited appeals are processed much faster because of the patient's condition.

	Expedited Appeals (for urgently needed services you have not yet received)	Standard Appeals (for non-urgent services or denied claims)
Level 1	Expedited Review	Informal Reconsideration
Level 2	Expedited Appeal	Formal Appeal
Level 3	Expedited External Independent Review	External Independent Review

- Level 1 is an appeal required to be offered under the federal Employee Retirement Security Act ("ERISA) law and Arizona state law.

- Levels 2 & 3 are appeals required to be offered under Arizona state law.

Expedited Appeal Process For Urgently Needed Services Not Yet Provided

Level 1: Expedited Review

Your request: You may obtain Expedited Review of your denied request for a service that has not already been provided if

- Starmount Life Insurance Company denied your request for a covered service, and

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- Your treating provider certifies, either orally or in writing, that an application of the time periods for a standard appeal could seriously jeopardize your health or subject you to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request. Starmount Life Insurance Company cannot challenge your treating provider's opinion or certification.

You or your treating provider may submit to Starmount Life Insurance Company written comments, documents, records or other information in support of your expedited appeal. Expedited appeals may be requested orally or in writing by calling or writing to:

Starmount Life Insurance Company
Appeals & Grievances Committee – Level 1
P.O. Box 80139
Baton Rouge, LA 70898-0139
Fax: 225-929-7288
Phone: 225-926-2888, ext. 2013 or 888-729-5433, ext. 2013

Starmount Life Insurance Company's decision: Starmount Life Insurance Company must notify you of its decision as soon as possible, but no later than one business day after it receives your appeal request. In the event of a three or four day holiday weekend, Starmount Life Insurance Company will notify you of its decision as soon as possible, but no later than 72 hours after we receive your appeal request. Within this required time, we must call and notify you and your treating provider of our decision, and fax or mail to you our decision in writing.

Starmount Life Insurance Company will inform you in writing whether it has changed its decision to authorize your request or will uphold its original decision to deny your request. The written decision will: explain the specific reason for the determination; reference specific plan provisions on which the determination is based; contain a statement informing you of your right, upon request and free of charge, reasonable access and copies of all documents, records and other information relevant to your appeal; describe any voluntary appeal procedures offered by the plan and your right to request information about such procedures; state that you have a right to request a copy of any internal rule, guideline, protocol or other similar criterion relied upon in making the determination, free of charge; state that you have the right to request an explanation of the scientific or clinical judgment for a determination that a service is not necessary or investigational, free of charge; state that you have the right to request identification of any expert Starmount Life Insurance Company consulted in connection with the determination; and if applicable, a statement regarding your right to bring action under Section 502 (a) or ERISA.

If Starmount Life Insurance Company denies your request: You may immediately appeal to Level 2.

If Starmount Life Insurance Company grants your request: Starmount Life will authorize the service and the appeal is over.

If Starmount Life Insurance Company refers your case to Level 3: If you are not covered by an employer plan subject to federal law, Starmount Life Insurance Company may decide to skip Level 1 and Level 2 and send your case straight to an independent reviewer at Level 3.

Level 2: Expedited Appeal

- **Your request:** If Starmount Life Insurance Company denies your request at Level 1, after you receive the Level 1 denial, your treating provider must immediately send us a written request to tell us you are appealing to Level 2. In that written request, your treating provider must certify and provide supporting documentation that the time required to process your request through the Formal Appeal process is likely to cause a significant negative change in your condition. At the end of this packet is a form that your provider may use for this purpose. Your treating provider could also send a letter with the same information.

- To help your appeal, your provider should also send us any additional information that was not previously supplied to show why you need the requested service. The provider must send the request, certification and supporting documentation to:

  Starmount Life Insurance Company
  Appeals & Grievances Committee – Expedited Appeals
  P.O. Box 80139
  Baton Rouge, LA 70898-0139
  Fax: 225-929-7288
  Phone: 225-926-2888, ext. 2013 or 888-729-5433, ext. 2013

Starmount Life Insurance Company: A Starmount Life Insurance Company has three (3) business days after we receive the request to make our decision.

If Starmount Life Insurance Company denies your request: You may immediately appeal to Level 3.

If Starmount Life Insurance Company grants your request: Starmount Life Insurance Company will authorize the service and the appeal is over.

If Starmount Life Insurance Company refers your case to Level 3: Starmount Life Insurance Company may decide to skip Level 2 and send your case straight to an independent reviewer at Level 3.

Level 3: Expedited External Independent Review[3]

Your request: You may appeal the Level 3 only after you have appealed through Levels 1 and 2. You have **only five (5) business days** after you receive Starmount Life Insurance Company's Level 2 decision to send Starmount Life Insurance Company your **written** request for Expedited External Independent Review. Send your request and any additional supporting information to:

Starmount Life Insurance Company
Appeals & Grievances Committee – Expedited External Review
P.O. Box 80139
Baton Rouge, LA 70898-0139
Fax: 225-929-7288
Phone: 225-926-2888, ext. 2013 or 888-729-5433, ext. 2013

Neither you nor your treating provider is responsible for the cost of any external independent review.

The process:

1. Contract coverage

These are cases where Starmount Life Insurance Company has denied coverage because the requested service is not covered under your insurance policy. For contract coverage cases, the Arizona Department of Insurance is the independent reviewer[5].

Within two (2) business days of receiving this information from Starmount Life Insurance Company, the Insurance Director must send all the submitted information to an external IRO. Within five 72 hours of receiving the information the IRO must make a decision and send the decision to the Insurance Director. Within one (1) business day or receiving the IRO's decision, the Insurance Director must mail a notice of the decision to you, your treating provider, and Starmount Life Insurance Company.	**Self Funded Group Plans** Within 72 hours of receiving this information from Starmount Life Insurance Company , the IRO must make a decision and send the decision to Starmount Life Insurance Company. Within one (1) business day of receiving the IRO's decision, Starmount Life Insurance Company must mail notice of the decision to you and your treating provider.

The decision:

Contract Coverage Cases

Within one (1) business day of receiving your request, Starmount Life Insurance Company must:

1. Mail a written acknowledgement of your request to the Insurance Director/IRO[3], you, and your treating provider.

2. Send the Insurance Director/IRO[3]: the request for review, your benefit plan booklet, and all supporting documentation Starmount Life Insurance Company used to render its decision, a summary of the applicable issues including a statement of Starmount Life Insurance Company's decision, the criteria used, and any clinical reasons for the decision and the relevant portions of Starmount Life Insurance Company's utilization review guidelines.

Within two (2) business days of receiving this information, the Insurance Director/IRO[3] must determine if the service is covered, issue a decision, and send a notice to you, your provider, and Starmount Life Insurance Company . (For self-funded groups, the IRO will send this information to Starmount Life Insurance Company, which will then send it to you and your treating provider within one (1) business day.)

Referral to the IRO for contract coverage cases[3]: The Insurance Director is sometimes unable to determine issues of coverage. If this occurs, the Insurance Director will forward your case to an IRO. The IRO will have 72 hours to make a decision and send it to the Insurance Director. The Insurance Director will have one (1) business day after receiving the IRO's decision to send the decision to you, your treating provider, and Starmount Life Insurance Company.

The decision (contract coverage)[5]: If you disagree with Insurance Director's final decision on a contract coverage issue, you may request a hearing with the Office of Administrative Hearings ("OAH"). If Starmount Life Insurance Company disagrees with the Director's final decision, it may also request a hearing before OAH. In this situation, Starmount Life Insurance Company. must authorize the service while the OAH hearing is pending. A hearing must be requested within 30 days of receiving the Director's decision. OAH must promptly schedule and complete a hearing for appeals from expedited Level 3 decisions.

Standard Appeal Process for Non-urgent Requested Services and Denied Claims

Level 1: Informal Reconsideration

FOR RESIDENTS OF ARIZONA

Your request: You may obtain Informal Reconsideration if Starmount Life Insurance Company does not pay for services already provided or denies authorization or approval for services not yet provided if:

- You have coverage with Starmount Life Insurance Company.
- Starmount Life Insurance Company denied your claim for services already provided or your request for authorization or approval of a service yet provided,
- You do not qualify for an expedited appeal, and
- Your or your treating provider asks for Informal Reconsideration within two (2) years of the date Starmount Life Insurance Company first denies the requested service or claim, by calling, writing, or faxing your request to:

A. For Denials of Authorizations or Approvals for Services That Have Not Yet Been Provided

Starmount Life Insurance Company
Appeals & Grievances Committee
P.O. Box 80139
Baton Rouge, LA 70898-0139
Fax: 225-929-7288
Phone: 225-926-2888, ext. 2013 or 888-729-5433, ext. 2013

B. For Denials of Claims for Services Already Provided

Starmount Life Insurance Company
Appeals & Grievances Committee – Appeals & Grievances Committee
P.O. Box 80139
Baton Rouge, LA 70898-0139
Fax: 225-929-7288
Phone: 225-926-2888, ext. 2013 or 888-729-5433, ext. 2013

Starmount Life Insurance Company's acknowledgement: Starmount Life Insurance Company has five (5) business days after we receive your request for Informal Reconsideration ("the receipt date") to send you and your treating provider a notice that we received your request.

Starmount Life Insurance Company's decision: Starmount Life Insurance Company has 30 days after the receipt date to decide whether we should change our decision and authorize your requested service or pay your claim. Within the same 30 days, we must send you and your treating provider our written decision.

Starmount Life Insurance Company will inform you in writing whether it has changed its decision to authorize your request or will uphold its original decision to deny your request. The written decision will: explain the specific reason for the determination; reference specific plan provisions on which the determination is based; contain a statement informing you of your right, upon request and free of charge, reasonable access and copies of all documents, records and other information relevant to your appeal; describe any voluntary appeal procedures offered by the plan and your right to request information about such procedures; state that you have a right to request a copy free of charge of any internal rule, guideline, protocol or other similar criterion relied upon in making the determination; state that you have the right to request an explanation free of charge of the scientific or clinical judgment for a determination that a service is not necessary or investigational; state that you have the right to request the identification of any any expert Starmount Life Insurance Company consulted in connection with a determination; and if applicable, a statement regarding your right to bring action under Section 502(a) of ERISA.

If Starmount Life Insurance Company denies your request: You have 60 days to appeal to Level 2.

If Starmount Life Insurance Company grants your request: Starmount Life Insurance Company will authorize the service or pay the claim and the appeal is over.

If Starmount Life Insurance Company refers your case to Level 3: Starmount Life Insurance Company may decide to skip Level 1 and Level 2 and send your case straight to an independent reviewer at Level 3. (Level 1 cannot be skipped if you are covered by an employer group plan subject to federal law).

Level 2: Formal Appeal

Your request: You may request Formal Appeal if Starmount Life Insurance Company denies your request at Level 1. After you receive the Level 1 denial, you or your treating provider must send a written request within 60 days to tell Starmount Life Insurance Company you are appealing to Level 2. To help Starmount Life Insurance Company make a decision on your appeal, you or your provider should also send any additional information not previously sent to show why the requested service should be authorized or the claim paid. You must send your appeal request and information to:

Starmount Life Insurance Company
Appeals & Grievances Committee – Formal Appeal
P.O. Box 80139
Baton Rouge, LA 70898-0139
Fax: 225-929-7288
Phone: 225-926-2888, ext. 2013 or 888-729-5433, ext. 2013

Starmount Life Insurance Company's acknowledgment: Starmount Life Insurance Company has five (5) business days after receipt of your request for Formal Appeal ("the receipt date") to send you and your treating provider a notice that your request was received.

Starmount Life Insurance Company's decision: For a denied authorization or approval of service that you have not yet received, Starmount Life Insurance Company has 30 days after the receipt date to decide whether we should change our decision and authorize your requested service. For denied claims, Starmount Life Insurance Company has 60 days to decide whether the decision should be changed and pay your claim. Starmount Life Insurance Company will send you and your treating provider its decision in writing. The written decision must explain the reasons for the decision and tell you the documents on which the decision was based.

If Starmount Life Insurance Company denies your request or claim: You have four months to appeal to Level 3.

If Starmount Life Insurance Company grants your request: Starmount Life Insurance Company will authorize the service or pay the claim and the appeal is over.

If Starmount Life Insurance Company refers your case to Level 3: Starmount Life Insurance Company may decide to skip Level 2 and send your case straight to an independent reviewer at Level 3.

Level 3: External Independent Review[3]

Your request: You may appeal to Level 3 only after you have appealed through Levels 1 and 2. You have **four months** after you receive the Level 2 decision to send Starmount Life Insurance Company your written request for External Independent Review. You must send your request and any more supporting information to:

Starmount Life Insurance Company
Appeals & Grievances Committee – External Review
P.O. Box 80139
Baton Rouge, LA 70898-0139

Fax: 225-929-7288
Phone: 225-926-2888, ext. 2013 or 888-729-5433, ext. 2013

Neither you nor your treating provider is responsible for the cost of any external independent review.

The process:

Contract coverage are cases where Starmount Life Insurance Company has denied coverage because the requested service is not covered under your insurance policy. For contract coverage cases, the Arizona Department of Insurance is the independent reviewer[5].

Within five (5) business days of receiving the information, the Insurance Director must send all the submitted information to an external IRO. Within 21 days of receiving the information the IRO must make a decision and send the decision to the Insurance Director. Within five (5) business days of receiving the IRO's decision, the Insurance Director must mail a notice of the decision to you, your treating provider, and Starmount Life Insurance Company.	**Self Funded Group Plans** Within 21 days of receiving the information, the IRO must make a decision and send it to Starmount Life Insurance Company. Within five (5) business days of receiving the IRO's decision, Starmount Life Insurance Company will mail the decision to you and your treating provider.

The decision:

Contract Coverage Cases

Within five (5) business days of receiving your request, Starmount Life Insurance Company must:

1. Mail a written acknowledgment of your request to the Insurance Director/IRO[3], you, and your treating provider.

2. Send the Insurance Director/IRO[3]: the request for review; your benefit plan booklet; and supporting documentation used to render our decision; a summary of the applicable issues including a statement of our decision; the criteria used and any clinical reasons for our decision; and the relevant portions of our utilization review guidelines.

Within 15 business days of receiving this information, the Insurance Director/IRO[3] must determine if the service or claim is covered, issue a decision, and send a notice to you, your treating provider, and Starmount Life Insurance Company. (For self-funded groups, the IRO will send this information to Starmount Life Insurance Company, which will then send it to you and your treating provider within five (5) business days.) If the Director/IRO[3] decides that Starmount Life Insurance Company should authorize or approve the service or pay the claim, Starmount Life Insurance Company must do so.

Referral to the IRO for contract coverage cases[3]: The Insurance Director is sometimes unable to determine issues of coverage. If this occurs, the Insurance Director will forward your case to an IRO. The IRO will have 21 days to make a decision and send it to the Insurance Director. The Insurance Director will have five (5) business days after receiving the IRO's decision to send the decision to you, your treating provider, and Starmount Life Insurance Company.

The decision (contract coverage): If you disagree with the Insurance Director's final decision on a coverage issue, you may request a hearing with the Office of Administrative Hearings ("OAH"). If Starmount Life Insurance Company

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disagrees with the Director's determination of coverage issues, we may also request a hearing at OAH. In this situation, Starmount Life Insurance Company must authorize the service or pay the claim while the OAH hearing is pending. Hearings must be requested within 30 days of receiving the coverage issue determination. OAH has rules that govern the conduct of their hearing proceedings.

Obtaining Medical Records

Arizona law (A.R.S. §12-2293) permits you to ask for a copy of your records. Your request must be in writing and must specify who you want to receive the records. The health care provider who has your records will provide you or the person you specify with a copy of your records.

Designated Decision-Maker: If you have a designated health care decision-maker, that person must send a written request for access to copies of your records. The records must be provided to your health care decision-maker or a person designated in writing by your health care decision-maker unless you limit access to your records only to yourself or your health care decision-maker.

Confidentiality: Records disclosed under A.R.S. §12-2293 remain confidential. If you participate in the appeal process, the relevant portions of your records may be disclosed only to people authorized to participate in the review process for the service under review. These people may not disclose your medical information to any other people.

Documentation for an Appeal

If you decide to file an appeal, you must give Starmount Life Insurance Company any material justification or documentation for the appeal at the time the appeal is filed. If you gather new information during the course of your appeal, you should give it to Starmount Life Insurance Company as soon as you get it. You must also give Starmount Life Insurance Company the address and phone number where you can be contacted. If the appeal is already at Level 3 and being administered through the Arizona Department of Insurance, you should also send the information to the ADOI.

The Role of the Insurance Director

Arizona law (A.R.S. §20-2533(F)) requires "any member who files a complaint with the Arizona Department of Insurance relating to an adverse decision to pursue the review process prescribed" by law. This means that, for appealable decisions, you must pursue the health care appeals process before the Insurance Director can investigate a complaint you may have against Starmount Life Insurance Company based on the decision at issue in the appeal.

Arizona law requires the Director to:

1. Oversee the appeals process.
2. Maintain copies of each utilization review plan submitted by insurers.
3. Receive, process, and act on requests from an insurer for External Independent Review.
4. Enforce the decisions of insurers.
5. Review decisions of insurers.
6. Report to the Legislature.
7. Send, when necessary, a record of the proceedings of an appeal to Superior Court or to the Office of Administrative Hearings (OAH).

8. Issue a final administrative decision on coverage issues, including the notice of the right to request a hearing at OAH.

Receipt of Documents

Any written notice, acknowledgment, request, decision or other written document required to be mailed is deemed received by the person to whom the document is properly addressed on the fifth business day after being mailed. "Properly addressed" means your last known address.

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[1] Arizona state insurance laws generally do not apply to self-funded group health plans that are governed by the Employment Retirement Income Security Act (ERISA). ERISA regulations do provide an appeal process that is comparable to the appeal process available under Arizona state insurance laws. This booklet covers both the Arizona ad ERISA processes.

[2] In some cases, Starmount Life Insurance Company may be acting as an administrator for a self-funded group health plan, and not in its capacity as an insurer.

[3] The Arizona Department of Insurance (ADOI) does not have authority over Level 3 appeal decisions for certain group health plans that are 'self-funded.' Starmount Life Insurance Company will refer all Level 3 appeals for members of those plans directly to an external independent review organization (IRO) without routing the appeal through ADOI. If you have a question about where your appeal is referred, please call the Starmount Life Insurance Company Appeals and Grievances Coordinator. For members of these group plans, references to the ADOI will mean the IRO.

[4] Members of self-funded group plans do not have a right under judicial review under Arizona state law, but do (if not a member of a church or government plan) have the right to bring legal action under section 502(a) of ERISA.

[5] Does not apply to self-funded group plans whose members' appeals are submitted directly to the external independent review organization (IRO).

Health Coverage Appeal Information Packet

You may use this form to tell Starmount Life Insurance Company you want to appeal a denial decision.

Member Name_____ Member ID#_____

Name of representative pursing appeal, if different from above_____

Mailing Address_____

Phone #_____

City_____ State_____ Zip Code_____

Type of Denial: □ Denied Claim □ Denied Service Not Yet Received

If you are appealing Starmount Life Insurance Company's decision to deny a service you have not yet received, could a 30 to 60 day delay in receiving the service likely seriously jeopardize your health or subject you to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request? If your answer is "Yes," you may be entitled to an expedited appeal. Your treating provider must sign and send certification and documentation supporting the need for an expedited appeal.

What decision are you appealing?_____

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(Explain what you want Starmount Life Insurance Company to authorize or pay for.)

Explain why you believe the claim or service should be covered:

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(Attach additional sheets of paper, if needed.)

If you have questions about the appeals process or need help to prepare your Appeal, you may call the Arizona Department of Insurance Consumer Assistance number (602) 364-2499 or (800) 325-2548, or . at (225) 926-2888, ext. 2013, Starmount Life Insurance Company or (888) 729-5433, ext. 2013.

Make sure to attach everything that shows why you believe Starmount Life Insurance Company should cover your claim or authorize a service, including: □ Supporting documentation (letter from your doctor, brochures, notes, receipts, etc.)
**Also attach the certification from your treating provider if you are seeking expedited review.

Starmount Life Insurance Company
Appeals & Grievances Committee
P.O. Box 80139
Baton Rouge, LA 70898-0139
Fax: 225-929-7288
Phone: 225-926-2888, ext. 2013 or 888-729-5433, ext. 2013

Signature of insured or authorized representative_____ Date_____