



Request for Redetermination of Medicare Prescription Drug Denial

SummaCare denied your request for coverage of (or payment for) a prescription drug. You have the right to ask us for a redetermination (appeal) of our decision. **Use this form to appeal this decision.**

- You may ask for an appeal within 65 days of the date of our Notice of Denial of Medicare Prescription Drug Coverage.
- You can also file an appeal through our website at www.medicare.summacare.com or via email at appeals@summacare.com
- Expedited appeal requests can be made by phone at 330-996-8885 or 800-996-6250. TTY users should call 800-750-0750

Your prescriber can ask for an appeal on your behalf. If you want another person (like a family member or friend) to file an appeal for you, that person must be your representative. Call us at 330-996-8885 or 800-996-6250 to learn how to name a representative.

Plan enrollee information

Enrollee name: _____

Member ID Number: _____ Date of birth (MM/DD/YYYY): _____

Mailing address: _____

City, State, ZIP code: _____

Phone: _____

Prescription & prescriber information

Name of drug you asked for: _____

Strength/quantity/dose: _____

Prescriber name: _____

Office address: _____

City, State, ZIP code: _____

Office phone: _____ Office fax: _____

Office contact person: _____

Did you already purchase this drug? ☐ Yes ☐ No

If YES:

Date purchased: _____ Amount paid: _____ (attach copy of receipt)

Pharmacy name: _____

Pharmacy phone number: _____

Do you need an expedited (fast) decision?

- ☐ **Check this box if you believe you need a decision within 72 hours.** If you have a supporting statement from your prescriber, attach it to this request.
- If you or your prescriber believe that waiting 7 days for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision.
 - If your prescriber indicates that waiting 7 days could seriously harm your health, we'll automatically give you a decision within 72 hours. You can't ask for an expedited appeal if you're asking us to pay you back for a drug you already got.
 - If you don't get your prescriber's support for an expedited appeal, we'll decide if your case requires a fast decision.

Explain why you think this drug should be covered

- Attach any additional information you think may help your case, like statement from your prescriber or medical records.
- Include a copy of the Notice of Denial of Medicare Prescription Drug Coverage
- Your prescriber will need to explain why you can't meet our plan's coverage rules and/or why the drugs required by the plan aren't medically appropriate for you.
- Other information we should consider: _____

Representative information

Complete this section **ONLY** if the person making this request is not the enrollee or the enrollee's prescriber. You must attach documentation showing your authority to represent the enrollee (like a completed Form CMS-1696 or a written equivalent) if it wasn't submitted at the coverage determination level. For more information on appointing a representative, Call us at 330-996-8885 or 800-996-6250.

Representative name: _____

Relationship to enrollee: _____

Street address: _____

City, State, ZIP code: _____

Phone: _____

Sign & submit this form

Signature of person requesting the appeal (the enrollee, prescriber or representative):

Signature: _____ **Date:** _____

Fax or mail your completed form and any supporting information to:

Address:

Attn: Appeals & Grievances
SummaCare, Inc.
P.O. Box 1107
Akron, OH 44309-1107

Fax Number:

330-996-8545