



**Blue Cross Medicare Advantage™ Plan**

<c/o Member Services>  
<PO Box 4555>  
<Scranton, PA 18505>

Date:<Letter Date (Month DD, YYYY)>  
Member Name:<Member Name>  
Member ID No.:<Member ID Number>  
Request ID:<Request or Auth ID>

<Member Name>  
<Member Address Line 1>  
<Member Address Line 2>  
<Member City, ST Zip Code>

## Notice of Dismissal of Coverage Request

We dismissed the coverage request you submitted on: <Request received date> for <service requested>.

We can't process the request because: <Dismissal Reason>

### Do You Have Questions?

If you have questions about this notice, please contact <Blue Cross Medicare Advantage<sup>SM</sup> Plan>:

**Toll Free Phone:**

[IF Individual 1-877-774-8592; IF Employer Group 1-877-299-1008; IF NM DSNP 1-877-688-1813 IF TX DSNP 1-877-895-6437] TTY Users: <711>

**Days and Hours of Operation**

<8:00 a.m. – 8:00 p.m., local time, 7 days a week.  
If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekend and holidays>.

If you disagree with our decision to dismiss your coverage request, you have two options:

1. If you think we have incorrectly dismissed your coverage request (for example, you believe <insert reason (e.g., you are a proper party)>), you may request that we review our dismissal. Your appeal must be received by us at:

<Blue Cross Medicare Advantage Plan>  
<Appeals Department>  
<PO Box 663099>  
<Dallas, TX 75266>

Phone: [IF MAPD <1-877-774-8592 (Individual plans); 1-877-299-1008 (Employer plans)> IF DSNP <1-877-688-1813 (NM DSNP); 1-877-895-6437 (TX DSNP)>]  
TTY Users Call: <711>  
Fax: <1-800-419-2009>

within 60 calendar days of the date of this dismissal notice. Include a copy of this ***Notice of Dismissal of Coverage Request*** along with any supporting information with your appeal and explain why you believe the dismissal was incorrect.

2. You may request that we vacate (set aside) the dismissal action. If we determine there is good cause to vacate the dismissal because *<insert reason for finding good cause--e.g., a finding that the person who made the request is a proper party>*, we will vacate our dismissal and review your coverage request. Your request to vacate this dismissal must be received by our office at <PO Box 4555, Scranton, PA18505> or you can contact us at <1-877-774-8592> within **6 months** of the date of this notice. Include a copy of this ***Notice of Dismissal of Coverage Request*** along with any supporting information with your request.

Thank you.

<Blue Cross Medicare Advantage Plan>

<HMO plan in New Mexico, HMO and HMO-POS plans in Illinois, and PPO plans in Illinois, Montana, and New Mexico are provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan in Illinois provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HMO Special Needs Plan in New Mexico provided by HCSC. HMO, PPO, and Dual Care HMO Special Needs plans in Texas provided by HCSC Insurance Services Company (HISC). HMO plans in Texas provided by GHS Insurance Company (GHSIC). All HMO and PPO employer/union group plans provided by HCSC. Oklahoma PPO plans for employer and union groups only. HMO plan in Oklahoma provided by GHS Health Maintenance Organization, Inc. d/b/a BlueLinc HMO (BlueLinc). HCSC, ILBCBSIC, HISC, GHSIC, and BlueLinc are Independent Licensees of the Blue Cross and Blue Shield Association. ILBCBSIC, GHSIC and BlueLinc are Medicare Advantage organizations with a Medicare contract. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program. HISC is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in these plans depends on contract renewal.>