



nh healthy families.

2 Executive Park Drive  
Bedford, NH 03110

### MEMBER APPEAL FORM

If you wish to file an appeal, please complete this form. If you have questions about this form, you may call us at the number below and we will assist you. 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:

**NH Healthy Families  
Grievance & Appeals Department**  
2 Executive Park Drive, Bedford, NH 03110  
Phone: 1-866-769-3085 (TTY/TDD 1-855-742-0123), Fax: 1- 866-270-9943

Member's Name: \_\_\_\_\_

Member's Medicaid ID #: \_\_\_\_\_

Member's Mailing Address: \_\_\_\_\_

What is being appealed? \_\_\_\_\_

Tracking/Authorization #: \_\_\_\_\_

If eligible, do you want the service to continue during the appeal process? \_\_\_\_\_

Nature of appeal: (details relating to the denial in question, including names, dates, places, etc. Attach additional sheets if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member/Representative: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Date: \_\_\_\_\_

Please attach supporting documentation for your appeal.

*\*You must file an appeal within 60 calendar days from the date of the denial*