



nh healthy families™

2 Executive Park Drive  
Bedford, NH 03110

## APPEAL FORM

If you wish to file an appeal, please complete this form. If you choose not to complete this form, you may call us at the number below, or write a letter that includes the information requested below. The completed form or your letter should be mailed to:

NH Healthy Families  
Grievance and Appeals Coordinator  
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 #: \_\_\_\_\_

Social Security #: (optional) \_\_\_\_\_

Member's current address: \_\_\_\_\_  
\_\_\_\_\_

Phone number where member can be reached (write n/a if no phone): \_\_\_\_\_

Has this issue been brought to the attention of the Health Plan before: \_\_\_\_\_

If yes, to whom? \_\_\_\_\_

Date (s) \_\_\_\_\_

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 30 days of the date of the denial.***

1-866-769-3085

TDD: 1-855-742-0123

NH Healthy Families is underwritten by Granite State Health Plan, Inc.

www.NHhealthyfamilies.com