

## IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS

**What if I need help understanding this denial?** Contact us at (610) 320-5500, 1-800-422-8330 (In PA) or 1-800-331-0420 (Nationwide) if you need assistance understanding this notice or our decision to deny you a service or coverage.

**What if I don't agree with this decision?** You have the right to dispute any adverse benefit determination by the Fund under which the Fund denies your claim or declines to pay for an item or service (in whole or in part) by appealing the denial to the Fund's Board of Trustees.

**How do I file an appeal?** If you wish to appeal the denial of services that you have already received, detach and send in the bottom of this form within 180 days from the date of this notice.

**What if my situation is "urgent"?** If your situation is "urgent," your review will be conducted on an expedited basis. An "urgent" appeal is one in which delay would seriously jeopardize your life or your ability to regain maximum function or, in the opinion of your physician, you may experience pain that cannot be adequately controlled while you wait for a decision on your appeal. If you believe your situation is urgent, you or your physician may request an expedited appeal by calling the Fund office at 610-320-5500, by Fax 610-320-9236, or email to [hwfund@centralpateamsters.com](mailto:hwfund@centralpateamsters.com), stating that you need to file an urgent appeal. The Fund will provide a claim appeal hearing as quickly as possible so that you will receive an answer as soon as possible but in no instance later than 72 hours from the receipt of your urgent appeal.

**External Review:** In addition, if you have received an adverse benefit determination from the Fund, you (or your authorized representative) may request an "external review" of the Fund's initial adverse determination within four months of the adverse determination. This is a review of the Fund's denial of a payment or the Fund's refusal to authorize care that you have sought. The external review will be performed by an "independent review organization," ("IRO") engaged by the Fund. You can request an external review for an adverse benefit determination of an urgent, pre-service, or post-service claim.

**Who may file an appeal?** You or someone you name to act for you (your authorized representative) may file an appeal. If you would like to appoint someone to assist you with filing an appeal, call Cherie Mierzejewski at 610-320-5500 and ask to receive the form for appointing an authorized representative. As soon as the Fund receives your completed form, it will be able to communicate directly with your authorized representative about your claim. In the case of an urgent claim review, the Fund will permit a health care professional with knowledge of your medical condition (for example, a treating physician) to act as your authorized representative without requiring any documentation or paperwork.

**Can I provide additional information about my claim?** Yes, you may supply any information that you believe supports your claim via mail, fax or email. The Fund's mailing address is PO Box 15224, Reading PA 19612-5224; Fax 610-320-9236. Email correspondence should be submitted to [hwfund@centralpateamsters.com](mailto:hwfund@centralpateamsters.com).

**Can I request copies of information relevant to my claim?** Yes, you may request copies (free of charge) by contacting us at PO Box 15224, Reading, Pa 19612-5224, FAX 610-320-9236 and email [hwfund@centralpateamsters.com](mailto:hwfund@centralpateamsters.com).

**What happens next?** For post-service appeals, the Fund's Trustees will consider the Fund's denial and generally will provide you with a written decision no later than five days after the quarterly meeting following the filing of your appeal. For pre-service appeals, you will generally receive a written decision from the Board no more than thirty (30) after the receipt of your appeal. For an urgent claim, you will receive a response from the Board as soon as possible after the receipt of your appeal but no later than 72 hours from when your appeal is submitted.

If the Board of Trustees denies your appeal or you receive an adverse benefit determination from the external review, you have the right to file a legal action against the Fund and its Trustees under Section 502(a) of the Employee Retirement Income Security Act of 1974, as amended. Any such litigation that challenges a claim review decision must be filed within one (1) calendar year of your actual or constructive receipt of the claim review decision that you intend to challenge.

**Other resources to help you:** For questions about your appeal rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

**Central Pennsylvania Teamsters Health and Welfare Fund complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-610-320-5500.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-610-320-5500

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**Appeal Filing Form**

_____	_____	_____
Insured's Name	CPT ID Number	Claim No

\_\_\_\_\_

Patient Name

\_\_\_\_\_

Name of Authorized Representative

\_\_\_\_\_ Check here if you believe this is an "urgent" claim.

\_\_\_\_\_ Check here if you are seeking an external review of your "urgent" claim.

**Detach this form and send to:**

Central Pennsylvania Teamsters Health and Welfare Fund  
Attn: Cherie Mierzejewski  
PO Box 15224  
Reading, PA 19612-5224

Fax: 610-320-9236  
Email: hwfund@centralpateamsters.com