Long-Term Care Claim Appeal Request

Before filing an appeal, we encourage you to contact the Long-Term Care Customer Service Department at the number below to discuss the details of your claim denial. If a Customer Service Representative cannot resolve your inquiry over the phone, you will be prompted to proceed with the formal appeal process using this form as a guide.

How to File an Appeal

Step 1: Provide the following information

Insured Name: _____ Date of Birth: _____

Policy Number(s): _____ Current State of Residence: _____

Care Provider(s): _____

Date(s) of Service in Question: _____

Step 2: Select the option that best describes your appeal request

- ☐ You disagree with our decision and request that we reconsider the claim with the information you already submitted.

- ☐ You disagree with our decision and have additional information for us to consider. Check the following boxes to describe what you are sending with this form.*

  - ☐ Cognitive testing
  - ☐ Medical records
  - ☐ Service plans
  - ☐ Daily home health care visit notes
  - ☐ Healthcare provider assessments
  - ☐ Other: _____

  *If you would like us to request the above information from a physician or provider, include below any necessary contact information and make sure to enclose a completed Claims Authorization for Medical Information form, which is included for your convenience.

  Physician/Provider Name: _____ Telephone Number: _____

  Address: _____

Step 3: Summarize the reason for your appeal on a separate piece of paper (not the back of this form).

Step 4: Submit forms and supporting documents in one of the following ways:

- Upload at: https://www.bankerslife.com/service-support/document-upload/
- Mail to the address listed below
- Fax to the number listed below

We will acknowledge your request within two weeks of receipt. Please allow 30 days for our review.
Our final decision will be sent in writing to the insured's address of record.

Signature: _____ Relationship to the Insured: _____

Phone: _____ Date: _____

Questions regarding this form or the appeal process? Please contact our Customer Service Department at the number below between the hours of 8:00 AM and 6:00 PM Central Time.

(09/15) 164488

Bankers Life and Casualty Company
Policy Benefits Department | PO Box 1902 | Carmel, IN 46082-1902 | Tel: (800) 621-3724 | Fax: (312) 396-7918