

# Long-Term Care Claim Appeal Request

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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.

