Member appeal filing form





Your name						
Your relationship to patient		Patient/Self	Covered person/P	arent		Authorized representative
Your address						
Your phone number						
Your email address						
f you are not the patient,	the patien	t must provide authorization	on to release infor	mation b	y signing he	re
Patient signature	Date					
1						
Member information						
Member/patient name	Date of birth					
Member ID number						
Employer group name			Employer group r	number		
Claim number Provider name					DB received ation of Benefits)	
Are you receiving a bill from y	our provider fo	or the amount showing on your EO	B? Ye	s N	o	
yes, please enclose the billing state	ment and your E	OB with the appeal request. If no, you r	nay wish to wait before ap	pealing to se	ee if the provider bi	lls you.
Is this your second appeal?	Ye	s No				
This means you received a denial of	your post-service	e claim appeal and are including addition	onal information for consid	deration.)		
N. S. Charles and Landson					.	
srietly describe what you	are appeau	ing and your expected out	come. Attach addi	tionat in	formation to	support your appeal.

Please complete this entire form and send it with a copy of your EOB to:

Surest – Surest Member Appeals PO Box 31270 Salt Lake City, UT 84131

Incomplete forms may be returned or dismissed.

Questions?

Call the number on the back of your Surest member ID card.

Web Benefits.Surest.com Surest Member Services hours

6 am - 9 pm CST

Language assistance services are available

Self-Funded: Administrative services provided by United HealthCare Services, Inc. or its affiliates. Level Funded: Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY. Fully Insured: Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates. © 2025 Surest. All rights reserved. B2C_24_AI_568350_1025