

# Having problems getting health care or medicine in TennCare?

Use this page **only** to file a  
**TennCare Medical Appeal.**

## Need help filing a medical appeal?

- Call **1-800-878-3192** for free.

**Versión en español atrás**

Fill out **both** pages. These are **facts we must have to work your appeal**. If you don't tell us all the facts we need, we may not be able to decide your appeal. You may **not** get a fair hearing. Need help understanding what facts we need? Call us for free at **1-800-878-3192**. If you call, we can also take your **appeal by phone**.

## 1. Who is the person that wants to appeal?

Full name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Or number on their TennCare card \_\_\_\_\_

Current mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The name of the person we should call if we have questions about this appeal: \_\_\_\_\_

A daytime phone number for that person (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## 2. Who filled out this form?

If **not** the person that wants to appeal, tell us your name. \_\_\_\_\_

Are you a: \_\_\_\_ Parent, relative, or friend \_\_\_\_ Advocate or attorney \_\_\_\_ Doctor or health care provider

## 3. What is the appeal for? (Place an **X** beside the right answer below.)

\_\_\_\_ Want to **change health plans**. (Fill out **Part A** on page 2.)

\_\_\_\_ **Need care or medicine**. (Fill out **Part B** on page 2.)

\_\_\_\_ Have **bills or paid for care or medicine** you think TennCare should pay. (Fill out **Part C** on page 2.)

## 4. Do you think you have an emergency?

Usually, your appeal is decided within **90 days** after you file it. But, **if you have an emergency**, you may not be able to wait 90 days. **An emergency means if you don't get the care or medicine sooner than 90 days:**

- You will be at risk of serious health problems or you may die.
- Or, it will cause serious problems with your heart, lungs, or other parts of your body.
- Or, you will need to go into the hospital.

**Do you STILL think you have an emergency?** If so, you can ask TennCare for an emergency appeal.

**Your appeal may go faster if your doctor signs below saying that this appeal is an emergency.** What if your doctor **doesn't** sign below, but **you ask** for an emergency appeal? **TennCare will ask your doctor** if your appeal is an emergency. If **your doctor** says it's **not** an emergency, TennCare will decide your appeal within 90 days. Some kinds of care are **never** treated as an emergency. To get a list of those kinds of care, ask TennCare.

**If YOU want to ask TennCare for an EMERGENCY APPEAL, check this box.**

**Your DOCTOR can read and sign here to ask TennCare for an emergency appeal.** I certify under penalty of perjury that I am the treating physician of the patient on behalf of whom this medical appeal is filed and that this appeal is an **emergency**. If this patient is required to wait 90 days for this care, s/he is at risk of serious health problems or death, severe impairment of bodily organs or parts, or hospitalization. I understand that any intentional act on my part to provide false information is considered an act of fraud under the State's TennCare Program & Title XIX of the Social Security Act.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tennessee License Number: \_\_\_\_\_

