



## MEMBER RECONSIDERATION (APPEAL) FORM

DATE APPEAL FILED: \_\_\_\_\_ EON HEALTH ID#: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_ MEMBER PHONE #: \_\_\_\_\_

MEMBER ADDRESS: \_\_\_\_\_

NAME OF PERSON FILING THE RECONSIDERATION & RELATIONSHIP TO MEMBER:

\_\_\_\_\_ PERSON FILING'S PHONE #: \_\_\_\_\_

PERSON FILING'S ADDRESS: \_\_\_\_\_

**What decision would you like Eon Health to reconsider?**

*Please be specific and include as much information as possible, such as dates of service, the name and location of the provider, and the type of service at issue. (who, what, where, when, why)*

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**Do you have any additional information that you would like Eon Health to review? If so, please explain.**

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Eon Health has a contract with Medicare to offer HMO and PPO plans. Eon Health also has a contract with the Georgia Medicaid Program and a contract with the South Carolina Medicaid program. Enrollment in Eon Health depends on contract renewal.

**Your rights during the Reconsideration process:**

- You (or your representative) have the right to submit evidence or allegations of fact or law, in person or in writing.
- You (or your representative) have the right to review any information related to your Reconsideration.
- You (or your representative) have the right to have an Eon Health staff member help you through the Reconsideration process.

**These Rights have been explained by:**

**Date:**

Please review the information on this form to be sure that your Reconsideration is correct. You may make any corrections that you feel are needed. You may provide additional information for review.

**Please sign this form and return it in the enclosed postage paid envelope or fax 1-866-235-5181.**

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**Signature**

**Date**

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**Printed Name**

PLEASE NOTE: If anyone other than the member has completed and signed this form, a completed Appointment of Representation Form (AOR), or Equivalent Written Notice must be provided to Eon Health before this Reconsideration may be investigated. You may obtain a copy of the AOR from our website ([www.eonhealthplan.com](http://www.eonhealthplan.com)) or by calling our Member Services Department at 1-888-906-3889. Eon Health Member Services Department hours of operation are:

- October 1 – March 31, seven days a week, from 8am – 8pm.
- April 1 through September 30: Monday through Friday 8:00 a.m. to 8:00 p.m.
- You may leave a voice mail message after-hours, Saturdays, Sundays and holidays.

***Internal Use Only***

- All Fields Complete
- Spell Check
- Submit Form

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