



FROM |  home state health.

11720 Borman Drive
Saint Louis, MO 63146

Appeal Form

If you wish to file an appeal, please complete this form. If you choose not to complete this form, you may write a letter that includes the information requested below. The completed form or your letter should be mailed to:

Home State Health
11720 Borman Drive
St. Louis, MO 63146
Phone: 1-855-650-3789 **TTY:** 711
Fax: 1-855-805-9812

Member's Name: _____

Member ID #: _____

Street Address: _____

City

State

Zip

Member Phone Number: _____

Tracking Number (if applicable, found in upper left hand corner of Adverse Benefit Determination letter):

Additional information to support the appeal, (or attach):

Signature of Member or Representative*: _____

Daytime Phone #: _____ **Date:** _____

***Relationship to Member:** **Self** **Parent** **Guardian** **Other**

If "other" explain _____