

# Appeal filing form

Name of person filing appeal

Bid number

Claim number

Check one:    Covered person    Patient    Authorized Representative

Contact information of person filing appeal (if different from patient)

Address

Daytime phone

Email

If the person filing the appeal is someone other than the patient, the patient must indicate authorization by signing here:

Briefly describe why you disagree with this decision (you may attach additional information, such as a physician's letter, bills, medical records, or other documents to support your claim):

The Walmart Summary Plan Description defines an Urgent Appeal as: A claim is urgent where making a determination under the normal time frames could seriously jeopardize your life or health or your ability to regain maximum function, or, in the opinion of a physician with knowledge of your medical condition, would subject you to severe pain that could not adequately be managed without the care or treatment that is the subject of the claim. Urgent can only apply to a service that has not yet been rendered (i.e., pre-service). In other words, if your appeal concerns services that you have already received, the appeal will not qualify for urgent care processing even if you check "yes" below.

Are you requesting an urgent pre-service appeal?

Yes    No

If yes, please describe why you believe your appeal should be treated as an urgent pre-service appeal (attach extra sheet if necessary):

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Send this form and your denial notice to:  
BlueAdvantage Administrators of Arkansas  
Attn: Walmart Appeals  
P.O. Box 1460  
Little Rock AR 72203-1460



**BlueAdvantage  
Administrators of Arkansas**

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Be certain to keep copies of this form, your denial notice, and all documents and correspondence related to this claim.