



How to Submit an Appeal to Verda

Submitting an appeal to Verda typically involves a formal process where you request a review of a denied claim or coverage decision.

Important Information About Your Appeal Rights

You have the right to ask Verda Health Plan of Arizona to review our decision by submitting an appeal within **65 calendar days** of the date of this notice

There are two types of appeals with Verda Health Plan of Arizona:

1. Standard Appeal

❖ **Request for Service:**

If you're appealing for services you haven't received yet, we'll provide a written decision within:

- **30 calendar days** for a medical service or item
- **7 calendar days** for a Medicare Part B drug

Our decision may take longer if you request an extension or if we need more information. We'll notify you if more time is needed and explain why.

❖ **Request for Payment:**

If you're appealing a denied payment for a service/item or Medicare Part B drug you've already received, we'll provide a written decision within **60 calendar days**.

2. Fast Appeal - For Service Requests Only

- ❖ You can ask for a fast appeal if you or your doctor believe your health could be seriously harmed by waiting for a standard appeal. We will give you a decision within **72 hours** of receiving your appeal.
- ❖ For a fast appeal without support from a doctor, we'll decide whether your request requires a fast appeal. If we don't give you a fast appeal, we'll process a standard appeal.
- ❖ You cannot request a fast appeal for services or drugs you've already received.

How to ask for an appeal with *Verda Health Plan of Arizona*

Step 1: You, your representative, or your doctor can request an appeal. Your **written request** must include:

- Your name
- Address
- Verda Member ID
- Reason(s) for appealing
- Whether you are requesting a standard or fast appeal (If requesting a fast appeal, explain why it's needed)
- Any evidence you want us to review, like medical records, doctor supporting statements, or other information that explains why you need the medical service/item or Medicare Part B drug or Medicaid drug.

Tip: Keep a copy of everything you send for your records.

Step 2: Submit your appeal by mail, phone, fax, or online.

For a Standard Appeal:

Mailing Address:

Verda Health Plan of Arizona
Attn: Grievance and Appeals Department
7755 Center Ave, Suite 1200
Huntington Beach, CA 92647

Phone: 1-888-256-5123 (TTY: 711)
Hours: Monday–Friday, 8 a.m. to 8 p.m.

Fax: 714-845-9839
Website: VerdaHealthcare.com

For a Fast Appeal:

Phone: 1-888-256-5123 (TTY users should call 711)
Hours from 8 a.m. to 8 p.m., Monday through Friday.
Fax: 714-845-9839
Website: VerdaHealthcare.com