

2013 SHBP Biometric Screening Appeal Form

If you have been advised, or discover, that you or your covered Spouse, or both, did not complete one or more of the biometric screening components of the SHBP 2013 Wellness Requirements, or that your 2013 Physician Screening Form(s) were incomplete or not received by May 31, 2013, 4:30pm, EDT, starting **July 1, 2013**, you may appeal that determination. To file an appeal, you must complete the following steps for each person:

- 1) Obtain a copy of the fully completed and dated 2013 Physician Screening Form submitted by the physician; and either
- 2) a. Obtain a copy of the 2013 Physician Screening Form fax confirmation page from the physician's office **or**,
b. Have the physician's office complete the Physician's Office Attestation (below) confirming that the 2013 Physician Screening Form was completed, dated and faxed between November 1, 2012, and May 31, 2013, 4:30 pm, EDT; and
- 3) Complete the Member/Covered Spouse Information of the Appeal Form (below).
- 4) Fax a copy of:
 - a. the completed and dated 2013 Physician Screening Form (per #1 above), and either
 - b. the Screening Form fax confirmation page (per #2.a. above) or the completed and dated Physician's Office Attestation Form (per #2.b. above), and
 - c. this Form (per #3 above) to 1-866-380-5068 by August 2, 2013.

If you need assistance, please contact the customer service number on the back of your insurance ID card.

[Complete one form per person]

Member/Covered Spouse Information

SHBP Member Last Name: _____ First: _____ DOB ____/____/____

SHBP Member ID# (from Medical ID card): _____ Check one: Employee/Retiree ___ Spouse ___

In order for the form to be processed, member name and ID# must match what is listed on your Medical ID card.

SHBP 2013 Physician's Office Attestation

On ____/____/____ (enter date the 2013 Physician Screening Form was faxed) our office staff faxed a fully completed SHBP 2013 Biometric Screening Form to the number on the form for the individual listed below. The form contained all of the required biometric data and was completed with the physician's signature.

I _____ attest that the completed and signed form was faxed on the date listed above.

Print Name

Signature

Supporting documents listed above are required for EACH appealing enrollee.



**Appeals must be received at fax number 1-866-380-5068
no later than August 2, 2013.**