



2 Executive Park Drive
Bedford, NH 03110

APPEAL FORM

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

New Hampshire Healthy Families
Grievance and Appeals Coordinator
2 Executive Park Drive
Bedford, NH 03110
Phone: 1-866-769-3085, TTY/TDD 1-855-742-0123
Fax: 1- 866-270-9943

Member's Name: _____

Member's Medicaid #: _____

Social Security #: (optional) _____

Member's current address: _____

Phone number where member can be reached (write n/a if no phone): _____

Has this issue been brought to the attention of the Health Plan before: _____

If yes, to whom? _____

Date (s) _____

Nature of appeal: (details relating to the denial in question, including names, dates, places, etc. Attach additional sheets if necessary.)

Member/Representative: _____

Daytime Phone # _____ Date: _____

Please attach supporting documentation for your appeal.

****You must file an appeal within 30 days of the date of the denial.***

1-866-769-3085

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New Hampshire Healthy Families is underwritten by Granite State Health Plan, Inc.

www.NHhealthyfamilies.com