Regence

PO Box 1106
Lewiston, ID 83501-1106

Uniform Medical Plan

1111 Lake Washington Blvd. N. Ste 900
Renton, WA 98056

Regence BlueShield serves select counties in the state of Washington and is an Independent Licensee of the Blue Cross and Blue Shield Association

UMP MEMBER APPEAL FORM

Please return completed form to:
Attn: **UMP Appeals and Grievances**
Regence BlueShield
PO Box 1106
Lewiston, ID 83501-1106
or by fax to: 1-877-663-7526
Email: **UMPMemberAppeals@regence.com**

UMP Customer Service
PEBB 1 (888) 849-3681
TRS: 711

UMP Customer Service
SEBB 1 (800) 628-3481
TRS: 711

Member Name	Date of Birth (mm/dd/yyyy)	Phone Number (xxx) xxx-xxxx
Address	City, State, ZIP Code	E-Mail Address (optional) Email address
Member ID Number	Group Number	Today's Date
W		(mm/dd/yyyy)
Provider / Hospital Name	Date(s) of Service or Incident	
Regence Claim Number(s) (if available)		

Note: If you are initiating an appeal on behalf of another person, Regence BlueShield may require appeal authorization from that person in order to proceed with an appeal review.

Please explain the problem. Include background, time frames, and the names of anyone else you have spoken with to try and resolve the problem, any supporting documentation, and your expectations or suggestions for resolution.

We need your permission to authorize Regence BlueShield to request any medical records needed to answer your appeal. This includes information about alcohol or drug abuse, mental health, AIDS or HIV virus, if applicable. This authorization begins today and remains in effect so long as your appeal is being reviewed. You will receive an acknowledgment letter for this appeal with information about the appeals process.

PRINTED NAME

RELATIONSHIP TO PATIENT

SIGNATURE OF PATIENT OR AUTHORIZED REPRESENTATIVE
(Patient's parent/guardian may sign if patient is a minor child)

(mm/dd/yyyy)
TODAY'S DATE

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