

To initiate an appeal, call Amwins Rx at (877) 274-7871 ext. 2 or complete and submit this form to Amwins Rx Clinical Dept. at the address listed below. Or, fax it to the Clinical Dept. attn: Appeals at (866) 650-3622. **Include a copy of the denial letter with the completed appeal form.**

Date: _____ PA Reference # (found on denial letter): _____

Member Information

Name: _____ DOB: ____/____/____
 First Name MI Last Name
Group/Health Plan Name: _____ Group/Health Plan ID #: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (_____) Work Phone: (_____)

Physician Information (name and phone number are required)

Name: _____ Physician ID#: _____
 First Name Last Name
Address: _____ City: _____ State: _____ Zip: _____
Phone: (_____) Fax: (_____) DEA#: _____

Appeal Information /Description of Appeal

Date drug was denied: _____ Drug name, strength, and duration denied: _____

Provide a detail description of the reason for this appeal (attached additional sheets if necessary):

Authorized Representative Information

If someone other than the member is filing this appeal, please provide the following information:

Name: _____ Relationship to Member: _____
 First and Last
Address: _____ City: _____ State: _____
Zip: _____ Daytime Telephone: (_____)

I Hereby Attest That the Above Information Is True:

Member's Signature _____ Date _____

Representative's Signature (if one has been assigned) _____ Date _____

Check this box if you believe that you need a decision within 72 hours.

Mail completed form to:
Amwins Rx
Attn: Clinical Dept.- Appeals
50 Whitecap Drive
North Kingstown, RI 02852