WorldTrips

**WorldTrips**
Box No. 2005
Farmington Hills, MI 48333-2005
800-605-2282 / 1-317-262-2132

# Claimant Appeal Request Form

You may use this form to appeal a coverage decision or you may request an appeal by following the appeal procedure outlined in your policy documents.

**PLEASE PRINT**

| Insured Name: | Claimant (Patient) Name: |
|---|---|
| Mailing Address (Include Street Address, City, State, Country, and Postal Code): | Policy/Certificate #: |
| | Home Phone: |
| | Work Phone: |
| | Home Country: |
| Authorized Representative*: | Email Address: |
| Service or Claim That Was Denied: | Date of Service (mm/dd/yyyy): |
| Provider Name: | Claim #(s): |

| Please explain your appeal and your expected resolution. (You may attach extra pages if you need more space.)<br>PLEASE ATTACH ANY DOCUMENTS OR MEDICAL RECORDS THAT YOU BELIEVE SUPPORT YOUR APPEAL. |
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____________________________________________________ ____________________
Member (or Representative) Signature Date

____________________________________________________
Relationship to Member (if Representative)

**IMPORTANT:** You must mail or email this form to the following address for prompt resolution of your request.

**Mail to:**
WorldTrips Appeals
Box No. 2058
Farmington Hills, MI 48333-2005
U.S.A

OR

**Email to**:
appeals@worldtrips.com

**If you are requesting that a third party handle your appeal, please attach a signed and completed "Authorization Form For Use and/or Disclosure of Protected Health Information" form.*