

DEPENDENT ELIGIBILITY VERIFICATION APPEAL FORM

Erlanger Health System requested a process to appeal the final determination of dependent eligibility. If you disagree with the final determination, you can appeal the decision no later than the Appeal End Date. If the Appeal results in a determination that your dependent(s) meet the eligibility requirements of the plan, coverage will remain in the policy's current status.

Please submit this form along with the verification documentation to Hodges-Mace, LLC.

APPEAL END DATE: June 9, 2019

Member Name: ANNA JOHNSON

Reference Number: 352-966811

Date of Appeal: May 28, 2019

Reason for Appeal: My husband is still eligible to be on
my insurance, we live together,

Member Phone: (423) 693-4567

Member E-mail: Anna.Johnson@erlanger.org

Member Address: 2319 E 5TH ST
CHATTANOOGA, TN 37404-2703

You may submit your appeal form and verification documentation via:

FAX: 1 (888) 376-8891

E-mail: Erlanger-mail@depconfirm.com

Mail: Hodges-Mace, LLC
Attn: Erlanger Health System Dependent Verification
PO Box 420188
Atlanta, GA 30342