CONNECT TO CARE BY CMSP

CONEXION A LA SALUD DE CMSP

Member Claim Appeal/Dispute Form

Connect to Care members or their representatives must submit an appeal of denied service or a denial of payment for services in whole or in part to AMM. Members or their representative may complete this appeal form, attach copies of all documentation you may have in relation to this appeal, and include any additional information which may support your appeal. This form may be mailed or faxed to:

Connect to Care- Advanced Medical Management
Attn: Claim Appeals
5000 Airport Plaza Drive Suite 150
Long Beach, CA 90815
Fax: (562) 766-2007

Member Information

Member Name:	Date of Birth:	
Member ID:		
Address:		
City:	State:	ZIP:
Home Phone#:	Cell Phone#:	Email Address:

Provider Information and/or Services Information

Provider of Care (e.g.: Doctor's name, hospital, laboratory):		
City:	State:	ZIP:
Service/Procedure:		

Brief Description of Appeal (use additional pages if necessary and/or attach supporting documentation)

Member Signature: **X**	Date:
Parent or Legal Guardian Signature: **X**	Date: