

REQUEST FOR REDETERMINATION (AN "APPEAL") OF A COVERAGE DETERMINATION FOR PRESCRIPTION DRUG(S)

You have the right to request a reconsideration of a coverage determination we have previously made, even if only part of our decision was not what you requested. A reconsideration to the plan about a Part D drug is also called an "appeal". If you want to file an appeal, you must do so within 60 calendar days from the date of the written notice of our coverage determination.

A request for an appeal can also be made on behalf of the member by the member's appointed representative or the member's prescribing physician. A request for a standard appeal is to be made in writing by filling out the Request for Redetermination Form, which is attached. A request for an expedited appeal can be made orally or in writing. Once you have completed the form, please mail it along with any supporting documentation to the Plan at the address below.

Advantra Freedom (PFFS)

Appeals & Grievances

4300 Cox Road, Glen Allen, VA 23060

Phone: 800-752-5708

TDD: 866-386-2335

FAX: 800-535-4047

