PEBA
SC Retirement Systems and State Health Plan

South Carolina Public Employee Benefit Authority
Serving those who serve South Carolina

Second-level Appeal Request Form

Complete the form using blue or black ink and attach a copy of your first-level denial letter. Please print legibly and do not use a highlighter on this form or any attachments. This form will only be accepted if completed by the subscriber or an authorized representative. **A health care provider, employer or benefits administrator cannot serve as an authorized representative for an appeal to PEBA.** To designate an authorized representative, complete and attach an *Authorized Representative Form* (Form 7213).

Appeal information will be sent to your last address on file with PEBA.

Subscriber name: _____ **BIN or Social Security number:** _____

Patient name (if applicable): _____

Date of first-level denial: _____ (*write N/A if you have not filed a first-level appeal)*

Who denied your first-level appeal?

- ❑ PEBA (administrative and enrollment changes)
- ❑ BlueCross BlueShield of South Carolina (medical claims)
- ❑ Medi-Call (preauthorization of medical services)
- ❑ Express Scripts (prescription claims and prior authorization)
- ❑ The Standard (long term disability benefits or incapacitated child certification)
- ❑ ASIFlex (MoneyPlus reimbursement or claim for MoneyPlus benefits)
- ❑ Other: _____ (*write N/A if you have not filed a first-level appeal)*

Describe what you are appealing and attach additional information if needed.

_____

_____

_____

Does this appeal relate to a pregnancy, newborn child or preauthorization of a life-saving service or medication?

- ❑ Yes
- ❑ No

Authorized signature: _____ **Date:** _____

Return this form to PEBA's Insurance Appeals Division via email or mail before the applicable deadline.

Email: IAD@peba.sc.gov

Mailing address: S.C. PEBA
Attn: Insurance Appeals Division
202 Arbor Lake Drive
Columbia, SC 29223