

REDETERMINATION REQUEST FORM

Member's Name: _____ Member ID Number: _____

Description of issue or service in question: _____

Date the service was received: _____

I do not agree with the initial determination because: _____

Date of the initial determination notice: _____

If you received your initial determination notice more than 60 days ago, what is your reason for not making this request sooner? _____

Additional Information that should be considered: _____

Member's Signature: _____ Date Signed: _____

If this form is completed by someone other than the member please note the following:

You may appoint any individual (such as, but not limited to, a relative, friend, advocate, attorney or physician) to act as your representative. Also, a representative (surrogate) may be authorized by the court or act in accordance with State law to act on your behalf. A surrogate could include, but is not limited to, a court appointed guardian, an individual who has Durable Power of Attorney, a health care proxy, or a person designated under a health care consent statute. For more information on how to name your authorized representative or to request an Appointment of Representative form (AOR) please call 1-800-642-8065 Monday through Friday 8 a.m. to 5 p.m. (*Hearing impaired members may call TTY/TDD via Relay Oklahoma at 1-800-722-0353*). AOR forms are also available online at www.ccok.com.

- I have evidence to submit (please attach to this form)
- I do not have evidence to submit