Wellpoint, Inc.
Grievances and Appeals
P.O. Box 105568
Atlanta, GA 30348-5568

Appeal Form

The member, person acting on behalf of the member or the member's provider may complete this form and return it to us if you have additional information you wish to provide. Include as much information as you can. **Please be sure to always complete any sections with an asterisk (*)**

*Member Name:	*Member ID number: ***Note**: This number is located on your ID card
Address:	

*If you are filing an appeal on behalf of the person named above, complete the following information:

Are you acting on behalf of the member or are you the member's legal guardian? Yes ☐ No ☐	
Your name:	Relationship to Member:

If applicable, please give us the following information about the appeal::

Case number:	
*Provider(s)	
*Date(s) of service:	
Claim number(s):	

*Why are you filing the appeal? Please include additional pages if you need more room. You can also include documents to support the appeal with this form.

Signature:_____ Date:_____

Return the completed form to:
Wellpoint Insurance Company
Grievances and Appeals
P.O. Box 105568
Atlanta, GA 30348-5568