



Mail to: Florida Blue  
State Employee PPO Appeals  
P.O. Box 2896  
Jacksonville, FL 32232-0079

Or fax to: 904-301-1875

**STATE EMPLOYEES' PPO PLAN: LEVEL I APPEAL FORM**

I understand that in order for Florida Blue to review my appeal, they may need medical or other records or information relevant to my appeal. Accordingly, I authorize persons or entities that have any medical or other records or knowledge of me or my dependents to release such information to Florida Blue in order for them to complete its review of my appeal. These persons or entities may include but are not limited to:

1. Licensed Physician
2. Medical Practitioner
3. Hospital
4. Clinic or other medical or medically-related provider
5. Insurer
6. Employer
7. Other organization, institution or person

I specifically authorize the release of the following records or information if pertinent to my appeal: any and all medical records and information about, associated with, or with reference to:

1. A positive test result for HIV infection
2. AIDS Related Complex
3. AIDS
4. Alcohol or drug dependency
5. Mental and nervous disorders

For questions, please call customer service at 1-800-825-2583.

Date:	Relationship of Signee to Subscriber: <input type="checkbox"/> Subscriber <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other: _____	Signature:
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**PLEASE PRINT CLEARLY AND COMPLETE ALL OF THE INFORMATION REQUESTED BELOW:  
(Use additional sheets if necessary)**

Patient Name:	Phone Number:
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Address: \_\_\_\_\_

Member Number on ID Card: XJJH	Group Number on ID Card:
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Date of Service being Appealed:	Claim Number:
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Condition / Diagnosis: \_\_\_\_\_

Please describe the nature of your appeal and any facts you feel should be considered in the review of your appeal (use additional sheets if necessary). If the problem involves unpaid bills, please attach a copy of the bill(s) or a complete claim form.

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**Note:** Correspondence will be sent directly to the address on file for the member referenced in the appeal.