

State of Delaware
Office of Management and Budget, Statewide Benefits Office
Request for Review or Appeal of Health Care Services

Any member of the State of Delaware's Group Health Insurance Program may request that the Statewide Benefits Office (SBO) conduct a review/appeal of the processing of health care services provided by Aetna or Highmark Blue Cross Blue Shield Delaware (Highmark Delaware) for him/her-self, spouse, or child/ren. To begin the process the member must complete State of Delaware Authorization for Release Protected Health Information form and Request for Review or Appeal of Health Care Services. Please note, if concern is for the member's spouse or child 18 years of age or older, then spouse or child must complete and sign the State of Delaware Authorization for Release Protected Health Information form. These forms, and related information, are available at <http://ben.omb.delaware.gov/medical/index.shtml> Forms must be printed, completed, and provided to SBO by fax at 302-739-8339 or by U.S. Mail to:

State of Delaware
Statewide Benefits Office
500 W. Lookerman Street, Suite 320
Dover, DE 19904

Member Name: _____

Member's Home Mailing Address: _____

Member's e-mail address (if applicable): _____

Member's daytime (between 8:00 A.M. to 4:30 P.M.) telephone number: _____

Member employed by department, agency, school district, other group, or Office of Pensions: _____

Member's Plan: Highmark Delaware _____ Aetna _____
 Comp-PPO _____ CDH Gold _____
 First State Basic _____ HMO _____
 CDH Gold _____
 IPA/HMO _____
 Special MedicFill _____

Member ID Number (see Member ID Card): _____ or Social Security Number: _____

Concern/Appeal is for services provided to: _____ Self _____ Spouse _____ Child/ren

If Spouse or Child, provide Spouse or Child's Name and Date of Birth:

 Name: _____

 Date of Birth: _____

Overview of Concern/Appeal: _____

With your submission please include any supporting documentation, Explanation of Benefits (EOBs), etc. that you desire SBO to review. The review process will begin when the State of Delaware Authorization for Release Protected Health Information form and Request for Review or Appeal of Health Care Services form are received. SBO staff can be reached by telephone at 302-739-8331 or 1-800-489-8933 to discuss concerns or questions.