

APPEAL FORM

- This letter provides information on any appeal rights, if they apply to your specific situation. *If a member voluntarily requests to be removed from the required wellness program (opts out), no appeal rights are provided.*
- There are several ways to file your appeal:
 - **Email:** Email your appeal to tnappeals@healthways.com
 - **Fax:** Fax your appeal to 1-615-807-3996
 - **Mail:** Send your appeal: Healthways
Attention: State of TN Appeal
701 Cool Springs Blvd.
Franklin, TN 37067
 - **Phone:** 1-888-741-3390 prompt #1 to file an appeal with a customer service representative.
- All appeals will be reviewed by the Healthways Appeals Team in accordance with standards established and approved by the State of Tennessee Benefits Administration. You will receive a written appeal decision within 45 days from the receipt of the appeal.

Last Name

First Name

Address:

Member ID: (Found on your Caremark card)

City

State

Zip Code:

Email Address

Phone Number (xxx-xxx-xxxx)

Date of Birth (MM/DD/YYYY)

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Reason for Appeal (please give detailed explanation for review)