

## *For members of the Preferred Choice and Quality Dental Plans*



# **Union Benefits Trust**

## **MetLife Claim Appeal Form**

### **Who Should Use This Form**

Union-represented State employees who are enrolled in the Preferred Choice or Quality Dental Plans should use this form to request a formal review from MetLife.

The claim appeal form is the last step in MetLife's claims process. Before completing this form, you must first

1. Obtain services
2. File your claim with MetLife
3. Receive and read your Explanation of Benefits (EOB), which denies all or part of your claim, and disagree with the denial
4. Request a review of your EOB from MetLife (whether over the phone or in writing)
5. Receive a response from Met – this may be a letter or a second EOB

If you've gone through the steps outlined above, and you're still dissatisfied with the benefit payment, complete this form (located on the back). You must submit this form no later than 60 days from the claim review (step 5).

Mail your form to:     MetLife Dental Claim Unit  
                                  Union Benefits Trust Claims Review  
                                  5950 Airport Road  
                                  Oriskany, NY 13424

### **What Will Happen in Your Claim Appeal**

Your claim will be reviewed by a MetLife appeal committee. Senior representatives from MetLife and two dental consultants will examine your claim and applicable portion of the Trust's contract. The committee will answer your appeal within 90 days of your request. Their decision will be final.

### **How to Complete the Claim Appeal Form**

Properly completing this form and including all relevant information will help to ensure your appeal is examined accurately and efficiently. Along with a dated and signed form, make sure your appeal includes (if applicable for your claim):

- Initial Explanation of Benefits (EOB) – Statement indicating payment for services and reason for denial of all or part of claim
- Response to your review request (from step 5) – may be a letter or an EOB
- Receipts for expenses or canceled checks
- Dental records
- X-rays.

***Turn Over for Claim Appeal Form***

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Union Benefits Trust
MetLife Claim Appeal Form

Complete the following. Attach a second sheet of paper if necessary.

Member Information

Member Name \_\_\_\_\_ SSN \_\_\_\_\_
Dental Plan Preferred Choice \_\_\_\_\_ Quality Dental Plan \_\_\_\_\_

Patient Information

Patient Name \_\_\_\_\_
Relationship to Member \_\_\_\_\_ Date of Birth \_\_\_\_\_

Claim(s) Information

Table with 3 columns: Date of Service, Amount Charged, Dentist/Provider

Three horizontal lines for additional claim information.

Reason(s) I believe I am entitled to the denied benefits:

Three horizontal lines for providing reasons for the appeal.

I authorize the release of records and information related to this appeal.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail this form and your additional documentation to: MetLife Dental Claim Unit, Union Benefits Trust Claims Review, 5950 Airport Road, Oriskany, NY 13424

Keep a copy of your appeal and any other documentation you send for your records.