

Part D plans should include this Request for Reconsideration form with each adverse Redetermination Notice and should complete the following plan identifying information:

**Plan Name:** <Insert Plan Name>

**Contract ID:** <Insert Contract ID>

**Formulary ID:** <Insert Formulary ID>

**Plan ID:** <Insert Plan ID>

## **Request for Reconsideration of Medicare Prescription Drug Denial**

You have the right to ask for an independent review of your Medicare drug plan's decision to deny coverage or payment for a prescription drug you requested. Use this form to ask for an independent review of your drug plan's decision. **You can also file a request online at [c2cinc.com//Appellant-Signup](https://c2cinc.com/Appellant-Signup).**

- You may ask for an independent review within 65 days of the date of the plan's Redetermination Notice.
- Your prescriber can file a reconsideration request on your behalf without being an appointed representative. If you want another person to file for you (like a family member or friend), you must appoint that person as your representative.

### **Plan enrollee information**

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Enrollee name: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Date of birth (MM/DD/YYYY): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, ZIP code: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Prescription & prescriber information**

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Prescription drug you asked your plan to cover: \_\_\_\_\_

Prescriber name: \_\_\_\_\_

Office address: \_\_\_\_\_

City, State, ZIP code: \_\_\_\_\_

Office phone: \_\_\_\_\_ Office fax: \_\_\_\_\_

Office contact person: \_\_\_\_\_

### **Do you need an expedited (fast) decision?**

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☐ **Check this box if you believe you need a decision within 72 hours.** If you have a supporting statement from your prescriber, attach it to this request.

- If you or your prescriber believe that waiting for a standard decision (provided within 7 days) could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision.
- If your prescriber indicates that waiting 7 days could seriously harm your life or health or ability to

regain maximum function, the independent review organization will automatically give you a decision within 72 hours. This timeframe may be extended for up to 14 calendar days if your case involves an exception request and we didn't get the supporting statement from your prescriber supporting the request, OR the person acting for you files an appeal request but doesn't submit the right documentation of representation.

- If you don't get your prescriber's support for an expedited appeal, the independent review organization will decide if your health condition requires a fast decision.

### **Explain why you think this drug should be covered**

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- Attach any information you have to support your review request, like a statement from your prescriber or any relevant medical records.
- **Include a copy of the plan Redetermination (Denial) Notice you got, if you have it.**
- Your prescriber will need to explain why you can't meet your plan's coverage rules and/or why the drugs required by the plan are not medically appropriate for you.
- Other information we should consider: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Representative information**

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Complete this section ONLY if the person making this request is not the enrollee or the enrollee's prescriber. You must attach documentation showing your authority to represent the enrollee (like a completed Form CMS-1696 or a written equivalent) if it wasn't submitted at the coverage determination or redetermination level.

Representative name: \_\_\_\_\_

Relationship to enrollee: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, ZIP code: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Sign & submit this form**

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Signature of person asking for this review (the enrollee or the representative):

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Fax or mail your completed form and any supporting information to:**

C2C Innovative Services, Inc.  
Medicare Part D QIC Reconsideration

**Toll-free fax: Standard Appeals (833) 710-0580 Expedited Appeals (833) 710-0579**

**Standard mail:**

C2C Innovative Solutions, Inc.  
Part D Drug Reconsiderations  
P.O. Box 44166

Jacksonville, FL 32231-4166

**Courier or tracked mail (like FedEx or UPS):**

C2C Innovative Solutions, Inc.  
Part D Drug Reconsiderations  
301 W. Bay St., Suite 1110  
Jacksonville, FL 32202

**Or, submit your request online at <https://www.c2cinc.com/Appellant-Signup>**