



Appeal Form |

You may file an appeal by phone, fax, or in writing. We will ask you to confirm a verbal request in writing unless the appeal is expedited, however this is not required for us to process your appeal. You may call us and complete this form or you may write a letter that includes the information requested below. We can be reached at:

Sunflower Health Plan
Quality Department
8325 Lenexa Drive, Suite 200
Lenexa, KS 66214
Fax 1-888-453-4755
Phone (toll-free) 1-877-644-4623
TDD/TTY 711

Member's Name: _____

Medicaid #: _____

Street Address: _____

City, State, Zip: _____

Member Phone Number: _____

Tracking Number (Found in upper left hand corner of denial letter): _____

Additional information to support the appeal, (or attach):

Signature of Member or Representative: _____

Relationship to Member: Self Parent Guardian Other

*If "other" explain:

Daytime Phone #: _____ Date: _____