



# 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 410  
Lenexa, KS 66214  
Fax 1-888-453-4755  
Phone (toll-free) 1-877-644-4623  
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: \_\_\_\_\_