

## REQUEST FOR A REVIEW OF DENIED CLAIM

If your claim is denied in whole or in part, or if any Adverse Benefit Determination is made with respect to your claim, you may ask for a review.

Your request for review must be made in writing to the applicable organization as noted below:

- Pre-Service, Urgent Care, Concurrent Claims Appeals

Appeals involving Pre-Service, Urgent Care, Concurrent Care, Inpatient Hospital Care and Mental Health may be made orally by calling your Health Organization at the telephone number on your ID card at IDA Insurance Design Administrators 1- 844-294-9592.

- Post-Service Hospital Medical, Dental, Vision and Prescription Drug Appeals

Appeals must be submitted in writing **within 180 days** after you receive notice of Denial to the Board of Trustees At:

The Board of Trustees  
Teamsters Welfare Fund of Northern NJ Local 723  
714 Rahway Avenue Suite 3  
Union, NJ 07083  
908-688-0723

For a complete description of your rights to appeal please refer to you Summary Plan Description.