



A Turn For The Better  
Formerly MCA Administrators

### Request for Review of Benefit Denial

Important Notice: This request for review must be received by the Plan **within 180 days of the date of the Notice of Benefit Denial**. Failure to file a timely appeal will bar you from any further review of this benefit denial under these procedures of in a court of law. Be certain to keep copies of this form, your denial notice and all documents and correspondence related to this form.

**Person Filing this Appeal:** (Check one)  Employee  Patient  Authorized Representative  
(If Authorized Representative, the claimant must complete attached **Appointment of Authorized Representative form.**)

Employee Name:	Member ID:
Address:	Claimant Name:
City:	Group Name:
State:	Group Number:
Zip Code:	Phone: Number:

Authorized Representative:	Relationship:
Address:	Phone Number:
City:	Email Address:
State:	
Zip Code:	

Date of Notice of Benefit Denial:	Claim/Case Number:
Provider Name:	Date of Service:

Describe the reasons why this benefit denial should be changed on appeal, (Attached additional pages and relevant documentation, as necessary.)

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

Submit this Request Form with all supporting documentation by fax or email:  
90 Degree Benefits, formerly MCA Administrators, Inc.  
Attn: Appeals Department  
Fax: 412-202-5763  
Email address: [www.mcoa.com](http://www.mcoa.com)

**IMPORTANT:** If this is an urgent care appeal, as defined by law, you may submit the information contained in this information contained in this Request for Review Benefit Denial form by contacting 90 Degree Benefits, formerly MCA Administrators, Inc. at 1-800-922-4966 or via fax at 1-412-202-5763.

1910 Cochran Rd, Manor Oak Two Suite 605  
Pittsburgh, PA 15520  
Phone 800.922.4966 Fax 412.202.5763