Appeal Form

OEBB Use Only	
Approved by	
Date Approved	
Effective Date	

You may appeal to OEBB about dependent eligibility decisions, enrollment errors and omissions, Healthy Futures, or missed enrollment timelines. OEBB does not process insurance carrier appeals because OEBB honors the confidentiality of personal health information that is protected by HIPAA law. If you disagree with a processed claim, denied procedure, or reimbursement decision, you must appeal directly to the insurance carrier. Please consult the corresponding plan member handbook for more information about the appeals process for that insurance carrier.

Complete and submit this form with all supporting documentation using one of the contact methods below. The appeal process will begin on the date this form is received by OEBB.

1. Member Information

Last Name	First Name	MI
Member ID, Social Security Number, or E Number	Gender ☐ Male ☐ Female	Date of Birth (mm-dd-yyyy)
Home Phone	Work Phone	Personal Email
☐ Check if new address	Work Email	
Address		Apt or Space #
City	State / Zip	County

2. What is this appeal for?

☐ Dependent Eligibility Verification
☐ Enrollment Error/Omission
☐ Healthy Futures
☐ 12 Month Basic Services Waiting Period for Dental and/or Vision
☐ Other:

3. Who is this appeal for?

☐ **Self**

☐ Spouse ☐ Domestic Partner — Date of Birth (mm/dd/yyyy):
Last Name | First Name | MI

Child of ☐ Self ☐ Spouse ☐ Domestic Partner — Date of Birth (mm/dd/yyyy):
Last Name | First Name | MI

Child of ☐ Self ☐ Spouse ☐ Domestic Partner — Date of Birth (mm/dd/yyyy):
Last Name | First Name | MI

Child of ☐ Self ☐ Spouse ☐ Domestic Partner — Date of Birth (mm/dd/yyyy):
Last Name | First Name | MI

4. Describe the Problem

5. What change or action do you want to happen?

☐ Add Enrollment ☐ Change Enrollment ☐ Remove or Cancel Enrollment

☐ Other:

6. Are you attaching or sending additional documents? ☐ Yes ☐ No

Please list additional documents:

7. Member Signature and Authorization

By signing below, I authorize OEBB to contact the carrier and/or employing entity to gather information to process this appeal.

Member Signature

Date

Send completed form by

Mail:
OEBB Appeals
500 Summer Street NE, E-88
Salem, OR 97301 – 1063

Email:
oebb.appeals@oregon.gov

Fax:
503-378-5832