

Sedgwick Claims Management Services, Inc.  
PO Box 14192  
Lexington, KY 40512



## Appeal Form

Claim Number:	Employee ID Number:
Last Name:	First Name:
Home Phone:	Cell Phone:

To appeal the denial of your benefits, please complete this form and return it within 180 days from your receipt of your original denial letter, with the information requested in the checklist below. If your appeal is not received within 180 days, the original denial will be upheld.

Please complete appeal checklist below and submit the following:

- Explain the reason for your appeal request.

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- Update all of your treating provider names, phone numbers and specialty below:

Provider Name:	Phone Number: Specialty:
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Provider Name:	Phone Number: Specialty:

- Attach all information, which has not been previously submitted and you want reviewed for appeal, including but not limited to:
- Medical information from your treating providers that documents and shows how your condition prevents you from doing the essential functions of your job.
    - ✓ Written documentation from your providers of their observations and findings from your examinations and/or treatments
    - ✓ Office visit notes from each provider providing care during the denied time of your absence
    - ✓ Lab reports, radiology reports, or reports of other diagnostic studies
    - ✓ Therapy notes, and/or any behavioral health assessments
  - Any other documentation which may support your claim for disability benefits

- Sign the below certification:

I hereby certify that the information provided is complete and accurate to the best of my knowledge.

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

Please include additional pages if you need to include information with this request that does not fit on this form.

Please mail completed form to: Sedgwick National Appeals Unit (NAU)  
 PO Box 14446  
 Lexington, KY 40512-4446  
 Fax: (888) 488-9536  
 Email: [myclaimdocs@sedgwick.com](mailto:myclaimdocs@sedgwick.com)  
 Upload: [www.claimlookup.com/VZ](http://www.claimlookup.com/VZ)