

Health Net Pharmacy Appeals and Grievances P.O. Box 10341 Van Nuys, CA 91410-0341

Health Net Amber, Health Net Ruby and Health Net Jade Appeals & Grievances REQUEST FOR REDETERMINATION

MEMBER NAME:
Member ID Number:
A. In your own words, please describe your request for redetermination for reimbursement for a Part D drug you have already purchased. Provide any information you feel may be helpful, including names and dates. Please be sure to include copies of any claim or denial notices, as well as copies of all applicable billing statements, if available.
B. In your own words, please describe your request for redetermination for authorization for a Part D drug that you have not yet obtained. Provide any information you feel may be helpful, including names and dates. Please be sure to include copies of any denial notices.

Signature:	Date: